

Linden House Residential Home Ltd

# Linden House Care Home

## Inspection report

Linden House  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Linden House Care Home is a residential care home that was providing accommodation, care and support to 38 people at the time of the inspection. The service can support up to 63 people in one purpose-built building. The service is split into two units; a residential unit and a unit for people living with dementia. Bedrooms had en-suite facilities. People had access to communal bathrooms, lounges and dining areas, as well as outside areas.

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

People who lived in the home and their family members were very happy with the care provided in Linden House. People told us they felt safe and there were sufficient staff to meet their needs.

Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. Staff had been safely recruited.

Risk assessment and management processes had improved. Care records included detailed information about people's needs, risks and preferences. People had been involved in reviewing and commenting on the care they received.

Infection control practices were generally robust. All care staff wore personal protective equipment (PPE) in line with government guidance for the pandemic. We observed two domestic staff would benefit from refresher training regarding the correct use of PPE. Following the inspection, we received confirmation this had been carried out. The provider was taking action to ensure relatives would be able to visit people safely in a designated 'pod' to be installed in the garden.

The management team had worked hard to address the shortfalls found at the last inspection. Improvements had been made to the quality monitoring systems. The registered manager carried out regular checks, observations and discussions with people to ensure they were being provided with high quality care. We received positive feedback about the way the home was run from people living there and their relatives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 18 February 2020). There were multiple breaches of regulation and the service was placed in special measures. This meant the service was kept under review and an inspection would be undertaken within six months to ensure significant improvements have been made. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection the provider demonstrated improvements have been made in Safe and Well-Led. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 and 17 December 2019. Breaches of legal requirements were found in safe, effective, responsive and well-led. Warning notices were served in relation to Regulation 17 - Good Governance, Regulation 18 - Staffing and Regulation 12 - Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also issued requirement notices in relation to Regulation 9 – Person-centred care, Regulation 16 – Receiving and acting on complaints and Regulation 19 – Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed in special measures. We also made recommendations about staffing, infection control, involving people in decisions about their care, and learning lessons when things go wrong.

We undertook this focused inspection to follow up on whether the warning and requirement notices we previously served had been met. In order to ensure people were safe and the service was well-led, we gathered evidence in relation to all the previous breaches of regulations, including those documented in the effective and responsive domains of the last inspection report, but have reported on these within the Safe and Well-led domains of this report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. These key questions were all previously rated as requires improvement due to the breaches of regulations covered in this report as well as additional areas for improvement identified during the last inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Linden House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# 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. 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 Care Act 2014.

This was a focused inspection to check whether the provider had met the requirements of the warning notices served in relation to Regulation 17 (Good Governance) Regulation 18 (Staffing) and Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In order to ensure people were receiving safe care and the service was being well-led, we also checked that the requirement notices issued in relation to Regulation 9 (Person-centred care), Regulation 16 (Receiving and acting on complaints) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had also been met.

#### Inspection team

The inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

Linden House Care Home is a 'care home'. 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.

The service had a manager registered with CQC. 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

This inspection was announced.

We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

### 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 reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We observed how staff provided support to people to help us better understand their experiences of the care they received. During the inspection visit, we spoke with four people living in the home, the registered manager, the deputy manager and one of the partners in the business who is based at the home.

We looked at some areas of the home and looked at a range of documents and written records including four people's care plans and other associated documentation, three staff recruitment records, training and supervision records, complaints records, medication records, maintenance certificates and records relating to the auditing and monitoring of service.

### After the inspection

We spoke by telephone with four relatives, three care staff and a member of domestic staff. We looked at records sent to us before and after the inspection. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, the provider and registered manager failed to ensure risks were assessed, monitored or managed to keep people safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider and registered manager had failed to ensure staff received the induction, training and supervision necessary to enable them to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 18.

- The registered manager and staff had assessed risks relating to each individual's needs. Risk management plans provided information for staff about how to support people safely.
- Staff had completed required training in how to keep people safe, including moving and handling, pressure care and fire safety. Staff were provided with regular supervision; these sessions provided an opportunity for staff to discuss their work performance and professional development.
- The provider completed regular checks to ensure the safety of the premises. Equipment used was regularly serviced.
- Improvements had been made to the way accidents and incidents were recorded. Staff completed body maps when injuries occurred and incident forms showed the action taken to help reduce the risk of reoccurrence.

### Using medicines safely

At our last inspection, the provider and registered manager failed to ensure medicines were managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had completed training in the safe administration of medicines. Reassessments of staff competence in the safe handling of medicines had been completed since the last inspection.
- The provider had changed the location of the medicines trolley in the lounge to try and remove the

possibility of staff becoming distracted while administering people's medicines. We also noted staff wore a red tabard informing people they were in the process of administering medicines to help reduce the chance of them being disturbed during the process.

- Records we reviewed showed people's medicines had been administered as prescribed. A person told us, "Staff make sure I get my medication when I need them. I have to get them on time otherwise I get confused."
- Protocols were in place for medicines prescribed to be taken 'as needed'. We discussed with the provider how these could be improved to include information for staff about when variable doses of medicines should be given.

## Staffing and recruitment

At our last inspection, the provider and registered manager failed to ensure staff were recruited safely. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved recruitment systems and processes. The relevant pre-employment checks were completed to make sure staff had the right skills and character to work with vulnerable people.
- There were enough staff on duty to meet people's needs in a timely way. The provider had implemented a tool to record those individuals who required the support of two staff and used this information to determine required staffing levels.
- People told us staff generally responded promptly if they needed support. Comments made included, "I am quite self-caring (during the day). There are enough staff on at night" and "Most of the time the staffing is adequate." Relatives confirmed staff were always visible and helpful whenever they visited.

## Preventing and controlling infection

At our last inspection, we recommended the provider consulted best practice guidance on the prevention and control of infection. The provider had made improvements.

- Staff generally followed safe infection control practices, although we noted two domestic staff would benefit from refresher training regarding the correct use of personal protective equipment (PPE). The provider sent us evidence following the inspection that this had been completed. Additional systems and guidance were in place to reduce the risk of infection during the pandemic.
- Our observations showed staff were following social distancing rules and ensuring, where necessary, people were supported to self-isolate on admission to the home or on returning from hospital. The staff member with lead responsibility for infection control carried out regular audits and spot checks to help ensure that staff were following procedures correctly.
- The provider had purchased an outdoor 'pod' and sink which, once installed, would enable relatives to visit their family members in a safe environment during the pandemic.

## Learning lessons when things go wrong

At our last inspection, we recommended the provider consulted best practice guidance on how to evidence lessons learned. The provider had made improvements.

- The provider had systems to ensure lessons were learnt from any incidents or accidents. This included sharing the outcome of events with the staff team during handovers and through messages in the care record system to further improve the safety of the service. We discussed with the registered manager, how the better recording of this process would support learning.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had policies and procedures in place to guide staff. Staff had received training in how to keep people safe and they would feel confident to report any concerns. In the context of the pandemic, one staff member told us, "We keep people safe. Where necessary, we isolate people to protect them."
- People who lived in the home told us they felt safe. One person commented, "I feel safe and well looked after here." Relatives also commented positively about the care their family members received. Comments included, "What a difference the home has made to [relative]. She is a 100% better than she was in previous homes. My dad was so worried about her but he now feels better because he is confident she is looked after" and "Linden House is an exceptional service. The staff are absolutely brilliant."

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. They also failed to identify and drive improvements and to manage risks This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider and registered manager had failed to manage complaints effectively. This was a breach of regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulations 16 and 17.

- The provider had effective systems to monitor the quality and safety of the service. The registered manager carried out regular audits, spot checks and observations to help ensure people were receiving high quality care.
- The provider had processes to investigate and respond to people's complaints and concerns. People had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy. Outcomes from complaints were shared with people and, where appropriate, used to improve the service.
- Learning and development processes had improved for all staff. Training and supervision sessions were used to ensure learning and improvements took place. Staff meetings were used to discuss any changes to practice required to improve the service, including the action plan from the last CQC inspection.
- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. The provider had a policy which outlined the responsibilities of all staff in relation to the duty of candour. A relative told us, "The staff are absolutely brilliant. They say it as it is and I am very impressed with their honesty."
- Staff described the culture of the service as open. They said the management team was approachable and felt they were listened to. One staff member told us, "The managers are firm but fair." Relatives told us they felt the service was well-run. Comments included, "The home and care is amazing" and "Linden House is an exceptional service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, the provider and registered manager did not promote a positive culture that was person-centred. People were not involved in care planning or the decision-making process. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered managers and staff knew people well. They encouraged people to make decisions about their care and support and managed risks to their health and well-being; care records were now more detailed and reflected people's choices and preferences. This helped ensure good outcomes for people. People told us they were happy with the service and were involved in decisions about their care.
- The provider and registered manager regularly sought feedback from people through surveys, meetings and regular conversations to ensure they were happy with the service and how their diverse needs were met. Action had been taken in response to suggestions made. These were documented in a 'You said, we did' board in the reception area of the home.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals to ensure people receive the care and support they needed. Care records documented any advice received.