

Mrs S C Joyce

Linden House Nursing 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 is a residential care home providing personal and nursing care to up to 34 people. The home specialises in the care of older people. At the time of the inspection there were 25 people living at the home.

The home is a large older style property with a modern extension. Accommodation for people is arranged over two floors with passenger lifts to enable people to access all areas.

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

People lived in a home where they felt safe and well cared for. There were adequate numbers of staff to keep people safe and to meet their needs. People told us they received support promptly when they requested it.

The provider had systems which minimised risks to people. These included ensuring staff were well trained and competent, maintaining a safe and hygienic environment and making sure people had the equipment they required to minimise individual risks.

People were happy with the food provided and received the support they required to eat their meals. Specialist diets and individual food preferences were catered for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and decisions.

People were cared for by a stable staff team who were kind and caring. Staff supported people in a way that promoted their dignity and respected their privacy. People and visitors had formed trusting relationships with staff and felt included in decisions about their care and the running of the home.

People's friends and family were always made welcome and the home enabled them to stay in touch with people who were important to them. People and their friends and family were able to take part in activities which helped to reduce the risks of social isolation.

People could be confident that at the end of their life they would be cared for with compassion and kindness. People being cared for at the end of their life were well cared for and their comfort was closely monitored by trained nurses.

The home was well managed by a manager and provider who were committed to continually monitoring the standard of care people received. The provider learnt from mistakes and sought people's feedback to make sure improvements were made in accordance with people's wishes.

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

Rating at last inspection

The last rating for this service was good (Published 6 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 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 Nursing 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Linden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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. A manager was in post and was going through the process to be registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and six visitors about their experience of the care provided. We spoke with 11 members of staff including the manager, trained nurses, carers and ancillary staff. We also received positive written feedback from a relative of a person living at the home.

The nominated individual was present on the second day of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed. These included complaints and compliments and minutes of meetings.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe at the home and with the staff who supported them. One person told us, "I'm safe and comfortable." A relative said they were confident their loved one received good care which enabled them to relax and enjoy themselves when they were not visiting.
- The provider had a robust recruitment process which ensured all prospective staff were checked before they began work. This helped to ensure people were cared for by staff with appropriate skills and character to promote their safety and well-being.
- People were protected from the risks of abuse because staff had been trained to recognise and report any concerns about abuse. Staff felt confident that any concerns raised with the manager would be fully investigated to make sure people were kept safe.
- People were supported by adequate numbers of staff to keep them safe and meet their needs. People had access to call bells to enable them to summon help when they required it. People told us if they used their call bells staff responded. One person, who chose to be cared for in their bedroom, told us, "If I ring, they come really quickly."

Assessing risk, safety monitoring and management

- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system, water temperatures and all lifting equipment.
- Individual risk assessments were carried out to make sure people received care safely with minimum risk to themselves and others. Where specific risks were identified, such as the risk of pressure damage to their skin, appropriate equipment was made available to minimise these risks.

Using medicines safely

- People received their medicines safely from trained nurses and senior staff who had received specific training to carry out this task.
- Clear records were kept of medicines which had been administered or refused. This enabled the effectiveness of prescribed medicines to be monitored to promote people's health.
- People who had capacity were able to accept or refuse medicines. We heard and saw people refuse medicines when offered, and their decision was respected.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were

able to request these medicines, they were administered according to people's wishes. However, protocols for when these medicines should be administered were not always personalised or detailed. This meant there was a risk that people who were unable to request these may receive them inconsistently. The manager gave assurances that this issue would be addressed.

Preventing and controlling infection

- People lived in a clean and fresh environment which helped to minimise the risks of the spread of infection.
- Staff followed good infection control practices and personal protective equipment, such as disposable gloves and aprons, were available. This helped to reduce risks to people.

Learning lessons when things go wrong

- The provider analysed accidents and incidents and took action to prevent re-occurrence. For example, one incident had led to a change in practice to ensure staff always checked the identity of people coming into the home if it was a visitor they did not know.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we gave a recommendation to make sure senior staff had the skills and competence required to ensure appropriate applications were made for people to be legally deprived of their liberty.

- At this inspection we found people's legal rights were protected because staff had received training and knew how to support people who lacked capacity. Appropriate assessments of capacity had been carried out and applications had been made for people to be deprived of their liberty where they required this level of protection to keep them safe.
- People who had capacity were able to make choices about their day to day lives. Where people lacked capacity, the staff acted in their best interests in accordance with the legislation.
- Staff had knowledge of the MCA. Where there were concerns about a person's ability to make a specific decision, they carried out assessments and included the person as much as they were able. If the person lacked capacity to make a specific decision, they recorded how the decision had been made in the person's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff

support: induction, training, skills and experience

- People's needs were assessed before they moved to the home. This helped to make sure Linden House was the right place for them and was able to meet their needs and expectations.
- Initial assessments were used to create care plans for each individual. Care plans gave staff instructions for how to meet people's needs but they were not always personalised to show people's individual preferences for how they wished to be supported.
- People received care and support in accordance with their personal preferences because staff knew them well. Staff were able to tell us about people's likes and dislikes. One person told us, "They [staff] know about what you like."
- People received care and support in accordance with up to date good practice guidelines and legislation. Staff received regular training to make sure the care they provided was in accordance with current best practice. Trained nurses were able to keep their clinical skills up to date and maintain their professional registration.
- People had confidence in the staff who supported them and thought they were well trained. One person told us, "They are all very good at their jobs." One visitor said they found staff to be, "Very experienced and committed."

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. Where people required a specialist diet, this was provided. For example, one person's care plan stated the consistency of food they needed to minimise the risk of them choking. At lunch time they received an appropriate meal.
- People received the support they required to eat their meal. One person's care plan stated they required encouragement to eat. At lunch time we saw a member of staff offered gentle encouragement to the person in a discreet and dignified manner. This resulted in them eating a good meal.
- People were happy with the food provided and told us they could ask for an alternative if they did not want what was on the menu. One person commented, "The food is alright. The cook is very patient and understanding."
- Where there were concerns about a person's fluid intake, staff monitored this to promote good hydration. However, records we saw were not well completed which meant they could not be effectively used to promote people's well-being. We discussed this with the manager who had already identified this shortfall and was implementing a new system.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and well-being. During the inspection we attended a handover meeting and noted that staff passed on information to make sure any concerns identified were followed up. One person told us, "If you're poorly you definitely get lots of attention."
- People were supported by trained nurses who were able to meet people's healthcare needs and liaise with other professionals where needed. Trained nurses spoken to, had a good knowledge of people and their clinical needs.
- Staff worked with other professionals to make sure people received the treatment they required. One person told us, "The optician was here the other week and they get the doctor if you need it."
- People's oral healthcare needs were assessed and met. Care plans showed the support people required to maintain good oral hygiene. The manager told us a dentist visited people when needed.

Adapting service, design, decoration to meet people's needs

- Linden House Nursing Home was a large older style building which had been adapted and extended to meet the needs of people but retained a homely feel. Accommodation for people was arranged over two floors with passenger lifts to ensure all areas could be accessed by people. There was signage to help people and visitors find their way around.
- There were assisted bathing and showering facilities to support people with personal care. Some bathrooms were being used for storage of items and therefore did not provide a pleasant environment for people. We discussed this with the manager and provider who agreed to address this.
- The home was set in extensive, well kept grounds. A number of people and visitors said they enjoyed spending time in the garden areas during the good weather.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. People praised the kindness of staff. One person told us, "The staff are all very nice and would do anything for you." Another person told us, "All the staff here are very, very nice."
- Staff spoke to, and about, people in a respectful way. During the inspection we heard, and saw, staff interacting with people in a friendly and patient manner. One visitor said, "All of the staff demonstrate professionalism, compassion and kindness and respect. They are so good so patient, no matter how many times they have to do things. Very gentle in their approach."
- Staff respected people as individuals and cared for them in a non-judgemental way. Discussions with staff showed they respected people's personal preferences and lifestyle choices. Care plans contained information about people's individual faiths which helped staff to understand what may be important to them.
- Visitors to the home felt welcomed and cared for. One relative told us how much they had appreciated the "Kindness and care" shown to them when their relative had been unwell. Another visitor said they were, "Treated like family."
- Staff were thoughtful and attentive. One person said they had told staff how much they liked the snowdrops in the garden. They told us that after mentioning this, "A pot of snowdrops appeared outside my window."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Personal care was provided to people in the privacy of their bedrooms or bathrooms. Signs were placed on doors when personal care was being provided, or when people wished to see visitors in private, to make sure they were not disturbed.
- People's right to spend time alone was respected. One person, who liked to spend their time in their room, said, "It's my choice not to mix. Staff respect my choice."
- People's independence was respected and promoted by staff. One person told us they liked to walk around each day to help them stay mobile. During the day we saw them walking with a frame. One person said, "It's a comfort to know staff are here but I like to do things myself."
- People told us staff were respectful when they supported them with personal care. One person commented, "I used to be embarrassed but not anymore. They are so good."
- People had the equipment they required to help them to retain their independence. For example, at lunch

time people had specialist cutlery and plate guards to support them to eat independently.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views on a daily basis. People told us they had good relationships with the staff who cared for them and felt they were able to talk with them about their wishes. One person said, "Staff listen to you when you talk to them."
- People were able to have their say on the running of the home through resident's meetings. The manager told us they were looking at ways to involve people who did not attend meetings. They said they were considering one to one meetings with people.
- People's care plans were regularly reviewed by staff. However, there was no evidence that people were routinely involved in these reviews. This meant care plans were not always personalised to include people's likes, dislikes or personal preferences. The manager told us they would be exploring ways to ensure people were more involved in care planning.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support according to their individual needs. One member of staff told us that, since the new manager had taken up post, they were promoting a more person-centred approach to make sure people had greater choices about their daily routines.
- People received care that was personalised to them because there was a stable staff team who knew people well. The manager told us they were looking at ways to ensure people were more involved in planning their care. This would help to ensure all care plans were personalised to people's wishes and preferences.
- People's care plans contained information about their specific needs and some details about their likes and dislikes. Care plans regarding night care needs were detailed so that staff knew exactly how people wanted to be cared for overnight. For example, one night-time care plan stated the person liked a duvet rather than blankets, chose to have a light on and the door left open.
- People who were able to express their views said they could make choices about all aspects of their care and daily routine. One person told us, "You can get up and go to bed whenever you want." Another person commented, "You can do what you like, no problems."

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End of life care and support

- People could be confident that at the end of their life they would be cared for with kindness and compassion. Trained nurses ensured people had the care and pain relief needed to maintain their comfort and dignity.
- The home was part of a project with the local hospice which provided mentoring and teaching sessions for staff via video conferencing and other technology. This helped to ensure staff had the skills and knowledge required to provide holistic care to people at the end of their lives.
- People receiving end of life care looked comfortable and well cared for. One person told us, "The care could not be better. I'm being looked after exceedingly well." A visitor said the manager had explained their relatives' end of life care and had supported them. They said about their relative, "Every day they have said, I'm just so comfortable. They always look well cared for."
- Staff had been complimented on the care they had provided to people at the end of their lives. One family had written to the home saying, "Forever grateful for making this sad time so dignified and peaceful for us." Another thanked staff for their, "Kindness and compassion to her and the family in her final days."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and care plans were in place to make sure people had the support they required. Staff supported people by making sure they had glasses and hearing aids to enhance their abilities to communicate well.
- Information could be made available in different languages if people needed this to aid their communication. The provider told us in the past they used language translation technology to make sure people received information in their chosen language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in touch with friends and family. Visitors were always made welcome and were able to visit at any time. There was wifi coverage throughout the building to help people to stay in touch with those who were not able to visit. One visitor said, "When you arrive you immediately feel welcome."
- There was an extensive activity programme to provide social stimulation and pleasure to people. On the day of the inspection a bar was set up in the dining room for people to enjoy a drink together in a public house type setting. This provided a happy and lively atmosphere for people. One person said, "I love it here. There are activities every day."
- There was one to one socialisation for people who spent time in their room due to choice, or physical frailty. Care staff and activity staff visited people in their rooms throughout the day to avoid people becoming socially isolated. One person told us, "They are always popping their head round the door. They are very thoughtful."
- Friends and family were able to take part in activities with people who lived at the home. Visitors told us they helped to prepare for fetes, helped in the garden and attended fundraising events at the home.
- Staff helped people to celebrate special occasions, interact with other members of their community and take part in charity events. The staff had developed a link with a local primary school and children visited the home every week to share activities. They had also taken part in national initiatives such as 'The big bird watch.' We saw photographs of people enjoying making bird boxes.

Improving care quality in response to complaints or concerns

- All complaints were taken seriously and fully investigated. Records showed that where complaints had been made these were used to improve care and support provided. We saw how one complaint had led to a change in staff practice, to make sure the person received fresh fruit and fresh coffee whenever they wanted it.
- People felt comfortable to raise complaints or share concerns. One person said, "I could talk to any staff who came in to me. All would make sure I got whatever I wanted." One visitor told us, "I would speak with [staff name] they would deal with it."

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted a culture of person-centred care. Staff told us they thought changes taking place were positive for the people who lived at the home. A new pre admission information sheet had been introduced. This was to enable people to write down personal information which could be incorporated into their care plans. This would help to make sure staff had information to help them meet people's wishes in a personalised way.
- People and staff were consulted on and included in changes taking place. The new manager had met with every member of staff to discuss their work and enable them to make suggestions. A number of staff had suggested changes to the rotas and, with input from staff, these had been changed.
- Meetings for relatives and people had taken place to enable them to share their views and be included in any changes taking place. One visiting relative said, "Nothing is ever too much trouble. There is a sense of belonging. Whoever sees me asks about refreshments etc and are looking out for my welfare."
- Staff felt well supported and were happy in their jobs. This created a cheerful and caring atmosphere for people to live in. One member of staff said, "It's a good place to work. If you ask the manager for help, you get it." During the inspection we saw numerous caring and kind interactions. Staff shared a joke with people and there was good humoured banter where appropriate.

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

- The provider and manager were very visible in the home and people said they were both very approachable. The provider had notified the Care Quality Commission and other appropriate agencies of significant incidents. People, staff and visitors said they could discuss issues with nursing staff, the manager or provider.

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

- People lived in a home where the provider ensured there were consistent management arrangements. Since the last inspection the registered manager had left after a long period in the job. A new manager had been appointed and had made an application to the Care Quality Commission to be registered.

- People had confidence in the management of the home. One visitor told us, "The organisation is well managed. All of the staff know their role and feel empowered to be able to do things. They are an effective team who support each other. If something needs doing, they do it." One person said, "[Providers' name] knows what's going on. They are very on the ball."
- The provider and manager had systems to audit the standard of care provided and ensure ongoing improvements. For example, an audit of falls highlighted that one person had a high number of falls. The manager thought this may be linked to a physical health issue and implemented a change in staff practice to better monitor this. This had resulted in improved health for the person and they had not fallen since the new regime had been put in place.
- People received care and support in accordance with up to date good practice guidelines and legislation. The provider and manager kept their knowledge and skills up to date by regular training and reading. They also belonged to care providers associations where good practice was discussed and shared.

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

- People's views were sought through meetings, surveys and informal chats. Where suggestions were made these were put into practice where practicable. For example, people had asked for a staff photo board to be reinstated and this was seen during the inspection.
- The new manager was committed to all staff feeling part of the team regardless of their role. Changes had been made which included the cook attending the morning handover meeting to make sure they had good information about people's current needs. Staff told us there was excellent team work. One member of staff said, "Everyone here works as a team."
- Staff worked in partnership with other professionals to ensure people received the care and treatment they required. The home was part of a scheme with the local hospital to ensure all professionals involved had the information needed to care for individuals. It also helped to make sure transitions between the home and hospital were smooth and minimised distress to people.
- People continued to be part of the local community. There were links with a local school and the provider held events which were open to the public. People at the home took part in fundraising for charities to support them to remain valued members of their community.