

# Colten Care Limited

## Linden House

### Inspection report







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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

Linden House provides accommodation for people who require nursing or personal care for up to 60 older or younger people some of whom may be living with dementia. There were 52 people living at the home at the time of this inspection. The service has two residential units on the ground floor and two nursing units on the first floor. The home also has several themed living spaces about the home. For example, Linden square café Piazza, curiosity shop, post office and salterns coffee shop. The home is located a short walk from the town of Lymington in Hampshire.

There was a registered manager in place. 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 felt safe living at Linden House and they were very much at the heart of the service. People's families felt the service went above and beyond and were extremely experienced at looking after people living with dementia. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff working at Linden House understood the needs of people using the service and supported people in an exceptionally personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs. This meant people were able to maintain their independence and achieve a good sense of self-worth and wellbeing.

The provider employed an Admiral Nurse to support staff, people and their families living with dementia. The service recognised and responded to people's needs for social interaction and mental stimulation. One person took part in an initiative by the Bournemouth university buddy orchestra and Alzheimer's society to promote and respect care for people with dementia.

The home and gardens was designed to create a suitable environment for people living with dementia. People's wellbeing and independence had been enhanced by the environment. This ensured people had a meaningful life and created a relaxing and calm atmosphere around the home. NICE guidelines were used in creating an environment for people living with dementia. To help people manage their surroundings and reduce feelings of confusion and anxiety.

The home developed and promoted community involvement within the home. The home hosted a mini classic car show which brought back special memories for people. People, their families and staff took part in the local carnival procession. The home had built strong links with the local community dementia matters group and as a result hosted a fortnightly art therapy group at the home.

The home was responsive to people's needs and wishes. People were able to choose what activities they took part in and suggest other activities they would like to complete.

Relevant recruitment checks were conducted before staff started working at Linden House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff had the specialist knowledge and skills required to meet people's needs living with dementia. Specialist dementia care training was provided so staff could interact with people and fully understand and respond to their needs.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People received varied meals including a choice of fresh food and drinks. Mealtimes were positive and sociable experiences. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The home maintained a good level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people and their families to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place.

At the last inspection on 08 and 09 June 2015 the service was rated Good. At this inspection we found the service was outstanding.

## 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 remains Good

People felt safe and secure. Staff received training in safeguarding adults and knew how to report concerns.

Recruiting practices were safe.

Risks to people's welfare were identified and plans put in place to minimise the risks.

Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

### Is the service effective?

Outstanding ☆

The service is now rated as outstanding.

Staff had the specialist knowledge and skills required to meet people's needs living with dementia. Staff received appropriate training and one to one supervisions.

People were supported to access health professionals and treatments. People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Good ●

The service remains Good

People and relatives were positive about the way staff treated them with kindness and compassion.

People and their families were involved in planning the care and support they received.

People had positive care experiences and staff ensured people's care preferences were met.

People were treated with dignity and respect. People's privacy was respected at all times.

### Is the service responsive?

The service is now rated as outstanding.

The home recognised and responded to people's changing needs, including needs for social interaction and stimulation. The management of the home developed and promoted community involvement within the home.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities which they could choose to attend. People's views about the home were listened to. A complaints procedure was in place.

**Outstanding** 

### Is the service well-led?

The service remains Good

People and their families spoke highly of the management and felt the home was well run and management were approachable and supportive.

There was an open and transparent culture within the home. Staff felt supported through regular meetings and feedback.

There were systems in place to monitor the quality and safety of the service provided.

**Good** 

# Linden House

## 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 checked 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.

This comprehensive inspection took place on 19 and 20 September 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor in the care of older people living with dementia 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 kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people who used the service and ten relatives, and three visiting health professionals. We also spoke with the manager, provider's quality manager, provider's clinical manager, provider's operation manager, activities co-coordinator, chef, gardener, maintenance manager, trainer, admiral nurse, two nurses and six care staff. We looked at a range of records which included the care records for six people, medicines records and recruitment records for five care workers. We looked at a range of records in relation to the management of the service.

We last inspected the home in June 2015 where no concerns were found. And the home was rating as good in all domains.

## Is the service safe?

### Our findings

People and their families told us they felt safe. People said they felt comfortable around the staff and they told us staff supported them. One family member told us, "Yes, I'm pretty sure he is safe here, I'm not here all the time of course, but I'd know if he wasn't". Another family member said, "I am very happy with her care. They seem to cope very well with her ups and downs. She can get the wrong end of the stick and become upset but they can diffuse the situation very well". Other comments included, "I feel she is safe here. I feel relaxed and comfortable as she is happy and well looked after". As well as, "I think mum is very safe here".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member for example told us if they had a safeguarding concern they would, "Go to my manager or discuss with nurses. If nothing happened I would go higher up. We have a whistleblowing policy in the folder". Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Where safeguarding concerns were identified, senior staff conducted thorough investigations and took action to keep people safe.

There were sufficient staff to meet people's care needs. We asked people how quickly staff responded to emergency call bells. One said, "I rarely have to ring it but I don't have to wait for long". One family member told us, "Staffing levels seem to be adequate or good". Another family member said, "Staff are never too busy to see you and communication is great". During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support.

Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours or the use of regular agency staff. This meant people were cared for by staff who knew them and understood their needs. A staff member said, "Staffing levels I think they are okay. If someone goes off sick we have a good team here, and always help each other out so not a problem". Another staff member told us, "I think the staffing is adequate. I don't usually feel stressed".

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. Checks to confirm qualified nursing staff were correctly registered with the Nursing and midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

People were supported to receive their medicines safely. One family member told us, "They've changed his tablets here which has helped with his condition". Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and

assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans to help staff identify when they required (PRN) medicines.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home.

Staff understood individual risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin. We observed equipment, such as hoists and pressure relieving devices being used safely and in accordance with people's risk assessments. Hoist slings were allocated individually to ensure they were the right size and type to support the person safely.

The clinical manager told us about a project they had completed as part of a falls management strategy. The provider had provided sensor beams in people's rooms who were at risk of falls. Due to the beams being wireless there were no wires or mats for people to trip over and as a result records showed the difference this had made with falls in the home reducing significantly for people and for some people reducing falls all together.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.



## Is the service effective?

### Our findings

People we spoke with consistently praised the skills of the staff working at the home and were extremely positive about the care and support they received. One family member told us, "Never any negatively from any staff. So must be doing something right in training and taking on the right people". Another family member said, "The difference in mum has been amazing. It's set up right split into different units and meeting her needs". Other comments included, "Staff are briefed well and adapt well and take an interest in her". As well as, "No negative comments from our perspective, care for her dementia has been great". A health professional told us, "I am sure clients here receive good care. I cannot think of any occasion when I have doubted that".

Staff were extremely skilled and knowledgeable about how to care for people living with dementia. The provider had appointed an Admiral Nurse to work across the specialist dementia homes. Admiral Nurses are specialist dementia care nurses who give practical, clinical and emotional support to families who have relatives living with dementia. They told us, "I have a blog on the website, where staff, families or visitors can ask me questions and I can meet up with people to discuss their concerns. Anyone can contact me they don't have to be living at the home, can be living in the community". They had also provided fact sheets on the website which included information about weight loss and recognising family members. They said, "I am putting together a carers group and facilitated the first one at Linden House. Good to talk to other family members it got really engaging and good to share ideas and relatives were giving examples". The provider had also produced guidance for families to help them understand dementia and support available. A family member told us, "I came to a meeting a few weeks ago where we met the Admiral Nurse which was helpful". Staff had exceptional skills at communicating and working with people living with dementia. One staff member told us, "The admiral nurse is an excellent source to have, such as, when a resident was admitted and her needs were very complex, they were available to give us support and feedback to enable us to meet her individual needs in a positive way". Another staff member said, "I know that [staff members name] is a welcome source to all staff here at Linden House, [staff members name] has supported staff to become confident within their decision making to ensure that residents within their care are enabled and encouraged to live a fulfilling life even if there are risks involved".

The provider were working in partnership with other organisations to make sure they were training staff to follow best practice. The Admiral Nurse were appointed in collaboration with Dementia UK, who oversee their on going training and professional development. They also worked alongside the National Training Centre England. The Admiral Nurse told us, "I am involved in training and supervision for staff and what they would like support with. I completed a complete overhaul on our dementia training as I didn't feel it was enough and nor did staff. We needed extra training for specialist dementia homes and worked alongside the National Training Centre England. We then carried out a pilot at this home and the feedback from staff was really positive so now rolling out to the other homes".

The home had thought of creative and productive ways to develop their staff to deliver exceptional dementia care. For example, the home promoted a dementia friends champion and dementia friends has now been incorporated into the new dementia training. A dementia friend learns a little bit more about what

it is like to live with dementia and sharing information with others to help and support people living with dementia. The dementia champion told us, "Being a dementia friend has a huge impact on the home and community environment, a lot of people do not know what dementia entails and doing a dementia friends group gives us a positive insight into this".

All the staff we spoke to were extremely positive about the dementia training and how this had helped enriched the lives of people living with dementia. This training focused on understanding people's communication methods and gave staff a real insight of people's needs whilst living with dementia. This involved providing staff the opportunity to have an experience of what dementia might be like and help improve practice through understanding which showed an imaginative and innovative approach to training. One staff member said, "The new dementia training was absolutely fantastic, made it enjoyable and knowledgeable. I learnt a few things I wouldn't think of. So massively helped to improve and understand residents more". Another staff member said, "The Dementia awareness training enabled us to re-think the experience for the person living here with Dementia, I left there with a better understanding of physical and cognitive degeneration resulting from Dementia. That will enable us to give our residents a better quality of life in the most person centred way possible". Other comments included, "I was surprised at how helpful and in-depth the course was, I was absolutely exhausted at the end of the day, but very positive, it makes me think about our residents with simple task such as assisting with mouth care, I now know reasons why [person's name] gets upset or distressed, it is great to have this experience". As well as, "Even though I have completed dementia training before, this new dementia awareness training is very insightful, it makes you look at Dementia in a totally different way because of the role play we did, it makes you look at things differently and what the impact of what we do has on our residents, even the small simple tasks".

Training had resulted in a positive impact for people living at the home in the way staff approach and provide support for people. For example we saw a very detailed and personalised support plan for someone who was extremely active and spending the majority of the day walking around the home, which has resulted in the person using more energy than they are consuming. Feedback and reviews showed this had made a positive difference to the person and staff were continually looking at others ways to improve the quality of life for people living with dementia.

The provider holds an annual conference each year and the next one is planned for October 2017 and is called a 'dementia utopia day' this is for staff to get together across the homes to learn and share best practice on dementia care. One staff member said, "I am really looking forward to the Dementia Utopia day, as feedback I have received is very positive and I feel that this will enhance my knowledge more, whether its communicating with our resident's, relatives or staff". The provider had arranged for guest speakers to be present from dementia UK. Staff we spoke with were really excited about the event and told us how much they had learnt from the previous event. One staff member told us, "We loved the interaction with other colleagues, listening to their experiences; it gave us more awareness of best practice to enhance our knowledge to provide positive outcomes to the residents in our care. We were given a KIT box to bring back with us, so that we can share these experiences with other staff in the home". Another staff member said, "The role play was an incredible experience, having my teeth brushed by a colleague was very alien, I think about it every time I assist a resident to brush their teeth".

New staff to Linden House completed a comprehensive induction programme and staff were required to complete a workbook, similar to the principles of the care certificate, which needed to be signed off by a senior member of staff. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One staff member said, there is "Lots of training, always supported by managers for training. You really learn things". Another staff member told us about their induction training and said, "I have also done 'warm welcome' this is about how we approach all clients and their families. We have a

relaxed approach here. We are encouraged to enjoy 'being with' clients. To take our time and not rush about".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as clinical training of nursing staff, medicines, manual handling, infection control, health and safety, safeguarding adults, fire safety, end of life, nutrition and hydration, dignity and respect, and first aid. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in Health and

Social Care. The trainer told us, "I work as part of a team in the training department and new staff complete the care certificate, mandatory training as well as a diploma in Health and Social Care and nurses complete clinical skills as well as validation and basic life support". One staff member told us, "Training is very good and is face to face with a good variety of training on offer. I completed horticultural training with the gardener to get ideas for the gardening club which is held once a week".

Nursing staff were also supported to develop their knowledge and skills to keep up to date with their clinical practice. The provider supports every registered nurse with an individual Nursing Times on-line subscription to maintain and develop their clinical knowledge and skills and as a platform to record their continuing professional development portfolio. One nurse told us, "We are a good team, we work together to try and ensure the client has a good experience. I recently revalidated. This was done with Nursing Times and support of organisation".

People were supported by staff who had supervisions (one to one meetings) with their line manager and annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff received on-going monitoring and support by their managers. One staff member told us, "I feel supported in my role, very good if I have a problem nurses are always willing to help". Training had supported staff through supervision to provider more personalised care for people. A nurse gave us an example and told us, "The interactive role play when we were receiving care from each other made me re-think some of the approaches to personal care that are common place. I now through supervision, really highlight to staff the importance of putting themselves in the place of the resident when they are thinking about what they are doing every day. We have to always think about the actual resident experience because people living with dementia can have an altered perception of what is happening during care".

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005. The 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. Staff were able to demonstrate understanding of the main principles of the MCA and how these related to people using the service. We saw a person's care records which showed a capacity assessment had been completed in relation to the person's placement and awareness of their needs.

Before providing care, staff sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. A staff member told us, "I always ask residents if they are happy with what I am doing and happy with the way I am helping them".

Staff were aware that most of the people living in the home were subject to safeguards that placed restrictions on their freedom; and how this was reflected in the care plans for supporting them. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of

their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw a compliment from a health professional regarding records for DoLS applications which stated, 'these were some of the best records they had seen'. The provider had produced a small information leaflet called, 'Communicating Kindness, How we make decisions on a resident's behalf'. This contained information about what the 'lack of capacity meant, and also explained the process in respect of DoLS.

People and their families told us they liked the food. Lunch time was relaxed and unhurried. We asked four people who were sitting together at one table if they were enjoying their meal which was presented nicely on their plates and looked appetising. Two of the people said, "Yes, very nice" and "tasty thank you" while the other two nodded. A family member told us, "Food she will have whatever she likes". Another family member said, "Food is good she enjoys her lunch and Sunday lunch is good".

Staff made mealtimes a positive and sociable experience for people and understood the importance of people's meal time experience. The home had allocated a lunch time champion to oversee meal times to make sure they were an enjoyable experience and people receive a good quality meal of their choice. The interaction between staff and people was excellent, conversation was flowing well. A staff member told us, "For instance we don't have a strict regime with breakfasts; these can sometimes go on to nearly lunch time. We allocate a lunch time champion and it is their role to ensure everyone is fed but also that it is a good experience". People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences.

We observed positive, caring interactions between staff and people using the service. Staff were kind and compassionate; for example, we observed staff make sure people had a drink with them most of the day, and when their drinks needed refreshing or topping up, staff offered an alternative. Staff interacted in a friendly way and there were many moments when people seemed happy and were laughing with staff.

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People received varied meals including a choice of fresh food and drinks. Food was prepared in the main kitchen and then delivered to each floor in a hot trolley where it is then plated up. The chef told us, "Residents can have what they want at any time". The home had just introduced a new smoothie menu with different types to choose from. These varied with healthy options which were mainly fruit based to smoothies that contained higher calorie intake with ice cream and cream added. This meant that people who were nutritionally at risk were effectively managed and monitored and records showed that professional advice was sought promptly in the event of sudden or unexplained weight loss.

One person in the dining room was being fully supported to eat and this was done in a kind, unhurried way. The staff member providing the support was talking with the person, encouraging them and asking them if they were ready for more. We also heard staff members asking the people if they would like any assistance with their meals and one to one support was offered where required. People were supported to be independent and plate guards were used when required.

A person got up from their chair and repeatedly wandered in and out of the dining room. Staff knew them well and offered food when they sat where they wanted to, had an alternative meal at the ready of pasta which they usually like. Staff were very patient and caring in their approach putting the person at ease. The Admiral Nurse told us, "We work as a team for one person we were worried about their weight as they are very active and walking all the time, and not eating much food. So we worked with staff and the chef about ways of increasing their calorie intake and food choices to encourage eating. This has had a positive effect and the person has managed to maintain their weight for a while". This meant in the flexible approach to

food the person had managed to maintain their weight and care staff and kitchen staff were working together to achieve best outcomes for people.

People were encouraged to drink fluids during the visit. There were fruit drinks and water available in the lounges. Between meal times tea and coffee were offered to people with a small snack of homemade biscuits or cakes. There were bowls of fresh fruit available in some of the lounges and some people were seen to eat a piece of fruit. People were offered snacks during the afternoon. Staff demonstrated knowledge of people's preferences by offering different snacks to different people. One person had not eaten much lunch and was also observed to walk a lot during the day. This person was offered high protein snacks while others had smaller portions of crisps and cubes of cheese. People had access to health and social care professionals. A family member told us, "Communication is good, made aware of any changes, GP visit, and medicines. Communication with us is very good. Get informed quickly". Another family member said, "Staff are helpful, bright and cheerful and efficient". Records showed people were seen regularly by GPs, social workers, opticians, podiatrist and tissue viability nurses. People's general health was monitored and they were referred to doctors and other healthcare professionals when required. A health professional told us, "Nurses here advocate for their clients. I have to say this home is very much one of the better ones". Another health professional said, "I visit here regularly. I think of this as one of the better homes, the atmosphere is very calm".

The National Institute for Health and Care Excellence (NICE) 'Quality standard for supporting people to live well with dementia' states that housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. The purpose built home provided a spacious, calm and safe environment for people living with dementia. The corridors were lined with a huge amount and variety of photographs. We observed staff pointing out different pictures to the people living here to engage memories. In one of the lounges a corner was set up and decorated to look like a lounge people might be familiar with a fireplace, mantelpiece and electric fire that had flame effect but no heat. We observed a group of people there who appeared content and watched the flames of the fire.

The environment was appropriate for the care of people living there. The home had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories. The home was also suitable to meet the physical care needs of people with corridors, doorways and bedrooms large enough for the use of any specialist equipment required. All bedrooms were for single occupancy and had en suite facilities. Individual bedrooms had been personalised to meet the preferences of the person living there.

People's lives were enriched by separate seating areas which were provided at significant points around the corridors in the home where murals included garden scenes, with one area complete with a large mural of a local church and the local high street of the town centre. The murals were exceptional and very thought through. Detail was not only at eye level but below and above which ensured that all could see whether walking, in a wheelchair or if lying in bed looking out of the door. All had comfortable seating and were well lit and accessible. Through the creative and purposeful design of the environment the home promoted people's independence, safety and wellbeing.

The main rear garden provided a secure and tranquil area. People were seen walking in the garden of Linden House either with a visitor or a member of staff. One person told us they liked being outside and their visitor said, "There are very nice gardens here you can walk all the way around. There's lot of bits of interest here. He loves the putting green as he played golf for fifty years".

There were many seated areas placed in the gardens for people and their families to choose from and enjoy the surroundings. The gardener told us, "The gardens have been designed with dementia in mind, so people can keep walking around". They also told us, "I like to have a chat with all the residents about plants and flowers, whether this is indoors or out". The gardens included a bus stop, a putting green, fruit and vegetables growing area with raised beds for wheelchair users. A beach area with beach huts a boat and signs. A summer house and shed for people to potter in. There is also a quiet private area in the garden for families to have some alone time.

A gardening club was supported by the gardener and activity staff. One staff member told us that, "Some residents sit and watch and others get their hands dirty". For people who might not be able to access the garden, summer bedding plants can be planted in doors by people in activities and then taken outside. We saw pictures which showed people planting flowers and making fat balls for the birds as part of the gardening club activities.

The home also employed 'Colton Companions'. The companions visit people in their room and engage in activities such as reading newspapers to people and hand massage as well as talking to people about their interests. We observed a person walking around the garden with a companion. They stopped to look at the vegetables that were growing there and appeared content and showed interest in the garden. We asked if people chose what to grow. The companion said, "We have a gardening club here. We discuss what to grow together. Some things are grown for a specific purpose like the pumpkins and big squashes. We can use these as part of the Halloween activities later on".

## Is the service caring?

### Our findings

People were treated with kindness and compassion. A family member told us, "Staff are really friendly. I have never seen staff been anything less than charming to residents". Another family member said, "I feel staff are fond of her and relate to her gently. I have never heard anyone raise their voice to her. I get a sense that all the staff really care and love all of the residents". A third family member told us, "Dad is very settled here- the staff are very good. I came in to have Christmas dinner with Dad; they are very caring they do a great job. Not just the carers, it doesn't matter what job they do, they are all good." Other comments included, "They are lovely here, they treat me nicely as well." As well as, "Lovely and caring people, made a difference". A health professional told us, "The staff always seem to be very caring and empathetic".

Staff had built up positive relationships with people. A family member told us, "Although this is a big home it doesn't feel like it. It feels friendly with all the staff knowing my mum's name, not just the care staff." Another family member said, "The staff have adapted her care to meet her needs. It's clear they know what she likes and that she comes first".

Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Although busy staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well. The Admiral Nurse told us, "I'm so impressed with staff they really know and love the residents".

Staff explained how they provided personal care to meet people's individual and changing needs. One staff member told us about how they assisted a person talking to their relative who lived abroad by Skype so as well as speaking to their relative they could see them as well. They told us, "I was so chuffed with myself it was lovely they were able to see their sons garden and the resident was over the moon and talking about it for a while afterwards".

Staff told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. A family member told us, "Staff are very sensitive to the needs of all residents". People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. One staff member told us, "If I'm providing personal care, I knock on the door and ask first, if they are happy for me to give personal care. Always cover them up with towels and shut the windows and door". Another staff member said, "Privacy and dignity close curtains, giving choice, knocking on doors and covering with towels".

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. A family member told us, "I remember the head nurse came and assessed him at home." Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people's care plans contained detailed

information about their life histories to assist staff in understanding their background and what might be important to them.

Staff morale was high. One staff member told us, "I love working here love the families. Getting to know people and hearing about their life stories it's amazing". A family member said, "Some of the staff looked through Dad's photo albums with him to help find out about his life and the things he liked to do".

Staff understood the importance of promoting and maintaining people's independence. One staff member told us, "I promote independence as much as I can, with giving choices and eating and drinking." Peoples care plans had details of how to support people to do things as independently as possible. People who required prompting to use mobility aids, were supported and encouraged to be as independent as possible, and staff provided appropriate assistance where necessary?

We observed caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

There were effective systems in place to enable people to receive dignified and pain free end of life care. People's care records showed that they had been consulted about their end of life wishes. Family members were kept informed of any changes and involved in discussions about care and health needs. The home provided guest rooms for family members or friends to stay when their family members were on end of life care.



## Is the service responsive?

### Our findings

People received care that met their needs and took into account their individual choices and preferences. One family member told us, "Instantly felt it was the right decision, felt [person's name] were taken care of". Another family member said, "Now mum is less able, but staff will still ask her if she wants to get involved". A third family member told us, "Very well looked after staff know her well".

The service recognised and responded to people's needs for social interaction and mental stimulation. One person took part in an initiative by the Bournemouth university buddy orchestra and Alzheimer's society to promote and respect care for people living with dementia. This was a ten week project where people in the community who had never played an instrument before were taught an instrument and played in a community music group.

The activity co-coordinator involved told us, "The project was to teach someone living with dementia something new and [person's name] had never played the violin before. We asked them if they would like to be involved in a music project as they are very sociable. They were really interested and I took them to the lessons. They benefitted from the journey as they used to work in the community and they would talk about places they had visited before on the journeys and brought about reminiscing and engaging with other people in the community. They always looked forward to attending each week". They informed us at the end of the project they got to take part in a concert with the community orchestra and were very proud. They also told us, "From this project we are looking at getting other residents engaged in playing instruments".

The home had excellent links within the local community. In August 2017 the home hosted a mini classic car show with six vintage cars taking part. People living at the home were able to view the cars and sit in the vehicles. For one person this brought back special memories as they were able to sit in a car similar to one they had previously owned. The afternoon was finished off with a cream tea.

The home also linked up with the local community dementia matters group by holding a dementia art class at the home every other week. A staff member told us, "One of the ladies who did art class whilst in the community, eventually came into Linden House as a resident, everyone who joins in appears to have a positive experience".

The home developed local links within the community and raised funds for the home and was actively involved in building further links. As a result, people living at the home, friends and families and staff were involved in the Lymington carnival in the summer. The home took part in the procession with the theme of Mary Poppins. The provider is getting involved in a tea cosy event where people their families and staff are looking to knit the world's largest tea cosy, then they are hoping to build a large tea pot to hold tea parties at the homes and in the community with the aim of raising funds and publicity for dementia UK. One person told us, "knitting is not my thing, but I love the idea and I cannot wait to see it completed". A staff member said, I think it's a great idea to try and get a world record, it also helps to bring groups together, more social experiences for our resident's". The home also supplied refreshments for a tea dance for the dementia group in the community earlier in the year.

The home celebrated dementia awareness week in May 2017 by holding a 'time for a cuppa' event. Where visitors and staff were encouraged to make time for a cuppa and chat with someone living with dementia and write down their experience. The next planned events was a coffee morning being held for the Macmillan charity with musical entertainment.

People had a range of activities they could be involved in. One family member told us, "As mum has got older and frailer, it's good that she's not left to do nothing. Still make an effort to take her out on a trip or go in the garden, she picked fruit last week". Another family member said, "Activities are good, people see her I have no worries". People were able to choose what activities they took part in and suggest other activities they would like to complete. A programme for the month was displayed widely in the home. Activities were held over seven days and included quizzes, gardening club, book club, afternoon tea, singing, arts and crafts, exercise, baking and outside entertainers. The home also provided a church service once a month with communion and weekly singing of hymns.

There had been opportunities for people to meet animals in the home with a recent visit from a mobile farm being very popular. The person who used to bring a pat dog into the home was unwell so one of the activities co-ordinators brought her dog in to visit people. One person told us, "I love animals and I really do love when they come in to visit, my friend [person's name] also likes when the dog visits us". A staff member told us, "When a member of staff brings her puppy in, residents are over the moon, the look on their faces are priceless, one lady even has a smile that lights up her whole face, it's such a lovely feeling when you witness this".

Activities also took place out in the community. The provider provided a mini bus that was shared between five of its homes. Two people went out for the morning in the mini bus. On their return one person told us, "It was good, I like to look out of the window and see the animals" and "We had a drink in a café, I could look around."

Activities were tailored to people's interests and abilities. A gardening club was supported by the gardener and activity staff. One staff member told us that, "Some residents sit and watch and others get their hands dirty". For people who might not be able to access the garden, summer bedding plants can be planted in doors by people in activities and then taken outside. We saw pictures which showed people planting flowers and making fat balls for the birds as part of the gardening club activities. Activity staff also follow a system called Butterfly Activities. This entails leaving different things around the home for people to pick up and feel or use. Staff told us, these are boxes about that have sensory equipment which staff can sit and do with residents for short periods of times; these are also left for residents to do independently.

The home also employed 'Colton Companions'. The companions visit people in their room and engage in activities such as reading newspapers to people and hand massage as well as talking to people about their interests. We observed a person walking around the garden with a companion. They stopped to look at the vegetables that were growing there and appeared content and showed interest in the garden. We asked if people chose what to grow. The companion said, "We have a gardening club here. We discuss what to grow together. Some things are grown for a specific purpose like the pumpkins and big squashes. We can use these as part of the Halloween activities later on".

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, one person their dementia

care plan informed staff, 'to approach in a calm and friendly manner. Try to explain what is happening especially during care interventions. Give frequent regular reminders to reassure and re-orientate'. For another person their communication care plan informed staff to speak slowly and clearly to allow them time to understand and give time to respond.

Records showed care plans were reviewed on a monthly basis, or sooner if necessary. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decision. A family member told us, "Oh yes the plans were reviewed a couple of months ago, he now needs help with personal care so that's been added. I met with the nurse to go through them". Information about people's preferred daily routines were also included in their care plans. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.

For people living with dementia their dementia can sometimes make them anxious and unsettled. They told us, "We have one resident who gets really anxious in the morning, as they used to have five daughters and had to get all their hair brushed and plaited ready for school in the morning. So one of our companions would sit with the resident and they would brush and plait their hair and this would give them a real sense of relief and calm their anxiety".

We observed one person appeared agitated after lunch and was heard asking where her house was. A staff member approached them and demonstrated knowledge of dementia by addressing the person by name, making eye contact and saying, "Your daughter has arranged for you to stay here tonight, in your usual room". The person appeared less agitated and calmer.

The service had recently introduced the 'Resident of the day'. Resident of the day focuses on one day a month where people are made to feel extra special as they are the focus of the day. Staff would spend their day ensuring the person's care plan and risk assessment were reviewed in detail. This also included a room check, looking at cleanliness, clothing and any improvements required to the room. Catering staff will ask about people's preferred food choices to make sure all the information is up to date and that people are happy with the quality of the food and if any improvements can be made. Activities and management were also involved to ensure the service is meeting people's expectations.

People's needs were reviewed regularly and as required. We observed a morning meeting which were held daily. These meetings were held at 10am each day and chaired by management. Issues and concerns around particular people were discussed, such as GP visits as well as training, complaints and compliments, activities and any maintenance issues. These meetings were very comprehensive and contained a clinical overview, where current nursing needs and additional needs were discussed.

Residents' and relative meetings were held every quarter. One family member told us, "I have been to the meetings. I raised a couple of points, both have been addressed. Plus there were follow up emails to keep me in the loop" and "I get regular updates on how my mother is." Another family member said, "I haven't been to one yet but I'm here several times a week so can talk to the staff and they keep me up to date". Minutes showed people were kept informed about any changes and asked their views about aspects of the service such as meals and activities. Staff told us this was a time to discuss any issues in the home.

The provider also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home and their families. The feedback from the latest quality assurance survey, were mostly positive and results showed that 100 % consider staff to be kind and friendly and 100 % consider the home to be homely and comfortable. People wanted more animal visits and as a result more

pet therapy visits have been booked. Surveys were also sent to health professionals across all the homes and results showed that 99 % said the residents receive a high standard of care and 99 % said they would personally recommend the care home for a friend or relative.

People and their families knew how to make comments about the service and the complaints procedure was prominently displayed. One family member told us, "No we've not had any complaints. The manager is always there in the week. If I had a problem I'd certainly go to her, but haven't needed to." Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

## Is the service well-led?

### Our findings

People and their families felt the home was well run. One family member told us, "Environment is nice, staff are good. Really nice mix of staff. I would recommend it". Another family member said, "Yes, she's very well looked after." A third family member told us, "Lovely home, lots of good communication, and staff always approachable."

At the time of our inspection the registered manager had left the service and a new manager was in the process of being appointed. A manager from another home was covering the management post while the provider appointed a new registered manager. Staff spoke highly of the new manager and felt they were supportive.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area as well as the homes statement of purpose.

The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff felt supported by the management. One staff member told us, "I feel supported, feel we have got a good team, nurses, management all support each other. Really good team." Another staff member said, "Management seem very supportive and approachable. If you need help, you just need to ask and they will help you."

Staff meetings were held every other month for nurses and care staff and then all staff got together for staff meetings once a quarter. Staff meetings were used to discuss concerns about people who used the service and to share best practice. Meetings were also held for clinical leads and managers. Minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.

Staff understood the values and vision of the service; the aim and promise of the service were, 'cherishing you.' The reassuring commitment each staff member makes to each resident was underpinned by the provider's five values of, 'friendly, kind, individual, reassuring and honest'. This was evident throughout our inspection and we observed many positive and caring interactions between staff and the people living at the home. The values of the home were clearly displayed around the home.

The management and other senior staff working in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, infection control, health and safety, care plans, call bell response times, and staff files. Where issues were identified, remedial action was taken. In addition to the audits monthly quality assurance meetings were held where risk management and audits were discussed.

The clinical manager told us about a project they had completed as part of a falls management strategy. The provider had provided sensor beams in people's rooms who were at risk of falls. Due to the beams being wireless there were no wires or mats for people to trip over and as a result records showed the difference

this had made with falls in the home reducing significantly for people and for some people reducing falls all together.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

In addition to the audits, the home was supported by the operations manager, quality manager and clinical lead manager who visited the home regularly to support staff and speak to residents. Part of their role and support involved carrying out an informal inspection of the home during their time spent in the home. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. They were also available to support staff and monitor the quality of the service provided.

The provider produced a newsletter every quarter called 'talking care' which was produced twice a year looking at the clinical side of the service. In the latest edition the service looked at the importance of quality audits and how this is used to improve the service.

The manager told us, "All the managers in the group get together and share best practice and receive updates on staff development and provider updates. The provider pays for all nurses in the homes to have access to nursing times on line and have invested tablets for them to access this".