

Mrs S C Joyce

Linden House Nursing Home

Inspection report

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Date of inspection visit:
30 May 2017

Date of publication:
06 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Linden House is a care home which is registered to provide care for up to 34 people. The home specialises in the care of people who require general nursing care. At the time of this inspection, there were 27 people living at the service.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People remained safe at the service. People told us they felt safe. There were sufficient staff on duty to support people and recruitment was safe. People received their medicines as required and staff understood how to identify and keep people safe from abuse or avoidable harm. People's risks were assessed and incidents and accidents were monitored. The environment and equipment within it were maintained.

People continued to receive effective care, however, we have made a recommendation in relation to ensuring legislation is followed relating to applications for the Deprivation of Liberty Safeguards. DoLS is a framework to assess the requirement to lawfully deprive a person of their liberty when they lack the mental capacity to consent to treatment or care and need protecting from avoidable harm. Staff received training to ensure they had the skills and knowledge required to effectively support people. People's healthcare needs were monitored by staff and they had access to healthcare professionals when needed. People received support to eat and drink sufficient amounts.

The service continued to provide a caring service to people. People told us, and we made supporting observations that staff were kind and patient. People and their relatives had sent compliments to the service to express their gratitude and thanks. Staff understood the people they supported and people's visitors were welcomed. People were supported to have a dignified death in line with their wishes.

The service remained very responsive to people's individual needs. Following an assessment before admission, care and support was personalised to each person which ensured they were able to make choices about their day to day lives. There was a system to ensure complaints would be appropriately dealt with. People were supported with their hobbies and the service continued to use innovative methods to enhance the quality of people's lives.

The service continued to be well led. Staff spoke positively about their employment and told us there was support available. The provider had systems to offer staff confidential support. There were systems to seek the views of people, their relatives and staff through surveys. There were links with the local community and the service supported national charities. There were effective governance systems in place.

Further information is in the detailed findings below.

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.

Is the service effective?

Requires Improvement ●

The service now Requires Improvement.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Good ●

The service remains Good.

Linden House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection.

This inspection was carried out by one adult social care inspector and an expert-by-experience who had personal experience of using or caring for someone who uses this type of care service. When Linden House was previously inspected in November 2014, no breaches of the legal requirements were identified.

Before the 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 the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with 17 people that lived at the service. We also spoke with seven staff, which included the provider, registered manager, nurses, care staff and cook. We looked at a number of records relating to individual care and the management of the service. These included nine electronic care and support plans, staff files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People we spoke with were positive about feeling safe. One person we spoke with commented, "Everything is very good - it's alright here." The person then went on to tell us the garden was their favourite place and they didn't have any worries or difficulties.

The service followed appropriate recruitment process before new staff began employment. Staff files showed photographic identification, employment or character references, employment history and a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions. People barred from working with certain groups of people, such as vulnerable adults, are identified during these checks.

People received their medicines safely and in accordance with their prescribed needs. There were systems in place to audit medication practices. The service had been audited in April 2017 by the dispensing pharmacy. The pharmacist's audit did not raise any significant areas of concern. During a review of the medicines we identified an oral medicine that had expired. This was removed by the nurse. We also highlighted that topical cream guidance for staff had not been fully transferred to the new electronic care records. The provider stated this would be addressed.

The provider had policies and procedures in place for safeguarding vulnerable adults. The policies within the service gave guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding vulnerable adults. Staff demonstrated they knew how to report concerns to both internally and externally and understood the concept of whistleblowing.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support them safely. Risk assessments seen included risks such as falls, nutrition, manual handling and skin breakdown. Where a risk had been identified following an assessment, guidance on how to reduce identified risks were recorded into a care plan.

Staff we spoke with felt staffing levels were safe. They told us people's needs were met and observations we made during the inspection supported this. People we spoke with told us that generally their needs were met on time as they needed. One person we spoke with commented, "I find the staff helpful." Another person told us they had no problems and said their call bell was answered quickly. Unplanned sickness was covered by current staff or regular bank staff.

The registered manager had a system to audit reported incidents or accidents. Incidents and accidents were monitored by the registered manager or senior staff to establish any patterns or trends and to reduce reoccurrence. A review of accidents or incidents was completed that evaluated the place, type and time of any falls and an annual falls comparison was undertaken.

We reviewed records which showed that regular checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. Fire

alarms and associated equipment was regularly tested. Records also showed that dedicated staff employed by the provider checked mobility equipment was serviceable and both the internal and external environment were maintained safely.

Is the service effective?

Our findings

The service required improvement to continue to provide fully effective care. The registered manager told us that nobody at the service was subject to a Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to assess the requirement to lawfully deprive a person of their liberty when they lack the mental capacity to consent to treatment or care and need protecting from avoidable harm. Subsequent to this, we reviewed mental capacity assessment documentation completed by staff in March 2017 and April 2017 that indicated eight people at the service may need DoLS authorisations.

We discussed this with the registered manager and the provider during the inspection as there was a risk people could be unlawfully deprived of their liberty. The provider gave assurances this would be immediately addressed and seconded a member of staff employed at a different service to review the DoLS application requirements at Linden House. The day after the inspection we were advised that following this review, 12 DoLS applications had been sent to the relevant local authorities.

We recommend the provider ensures the training of senior staff with responsibility for conducting and completing DOLS applications is effective and competency assessed to ensure full compliance is achieved with relevant legislation.

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. We reviewed records as some people had pressure mats in place that alerted staff when they moved because they were at a risk of falls. Although for safety, this is a restrictive practice. Best interest records relating to the decision to use this equipment could not be located. It was established the paper records relating to this had not been transferred onto the new electronic care system. The provider told us this would be rectified and the original best interest paperwork was forwarded to us following the inspection.

People had their nutritional needs assessed and monitored. People received the support they required to eat and drink. We saw where people were prescribed nutritional supplements these were given. People's weights were monitored and nursing staff we spoke with explained how identified nutritional risks were managed through implementing food and fluid records and consulting relevant healthcare professionals. People's food and fluid needs were also recorded within the service kitchen.

We made observations during the inspection that staff had the skills required to effectively support people and meet their needs. People at the service that required support from staff commented positively about the care they received. One person told us, "Staff are wonderful, smiling and helpful. I can't speak highly enough of them." Another person said, "Even when I call them several times they never have a long face. The food is good and there isn't a carer I don't like."

Records showed staff received the training they required to keep people safe and to meet people's individual needs. The service had the benefit of an on-site trainer. Staff received training in topics such as moving and handling, safeguarding, first aid and fire. Staff we spoke with commented positively on training

provision. There was an internal induction aligned to the Care Certificate. This is an identified set of induction standards that health and social care workers should adhere to. Staff practice observations were completed to monitor the standard of care provision and staff received supervision and appraisal.

Care records confirmed people had access to external health professionals such as their GP when required. People we spoke with felt they were well cared for. Staff we spoke with told us they had a good relationship with visiting healthcare professionals.

Is the service caring?

Our findings

The service continued to provide a caring service to people. People gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. One person told us, "Everybody is so kind and understanding. I feel safe and secure." Another comment we received when we asked a person how they felt about Linden House was, "Very nice."

People who had lived at the service and their relatives had sent compliments to the service. We reviewed a sample of the compliments sent to the service. One person who had stayed at the service on respite had written and said, "I want to thank you all very sincerely for the care and friendliness you showed me. I think your bright, welcoming atmosphere is quite exceptional."

Staff showed affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people. Staff regularly asked people if drinks or anything else was wanted. They also checked if people in the lounge were happy listening to the radio or wanted another channel or the TV on. Staff were consistently attentive to people throughout the day.

People were cared for by staff who knew their needs well. During our conversations with staff it was evident they understood the care and support needs of people. Staff could explain people's care and social support needs and explained how people preferred to spend their time. One member of staff told us, "One resident, who has since passed away, had a very active social life before coming here. I came in on my day off and wheeled him to the park to meet up with old friends."

People were treated with dignity and respect. Staff told us they ensured people had privacy when receiving care. We saw that, "Care in Progress" signs were used on people's doors when people received personal care. Staff were observed knocking on doors prior to entering people's rooms to get their permission prior to entering.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. People had personalised bedrooms with items personal to them to support them with familiarity and promote individuality.

We saw people had end of life care plans in place where appropriate. These detailed information to reflect people and their relative's wishes to support them to have a dignified death at the end of their life. The service had a link nurse with the local hospice to obtain guidance or advice if needed. We saw signs for people's doors that read, "Just when the caterpillar thought the world was over, he/she became a butterfly." This was used on people's doors to indicate to staff and visitors the person in the room was receiving end of life support.

Is the service responsive?

Our findings

The service continued to be outstanding. People told us they felt the service provided personalised care. One person commented, "They are helpful, caring." Another comment we received was, "The staff are good. They are caring and most helpful."

People were supported to maintain hobbies and interests. The activity coordinator we spoke with knew people's preferences and interests well. We found planned activities included external entertainers coming in to the service, games and crafts. The service remained pro-active by organising trips with agencies such as the dementia alliance. The service had also recently held a fundraising, "Purple Day" for the Stroke Association where people and staff wore purple. People at the service had the benefit of a minibus that was used for outings to the local areas and garden centre. On the day of our inspection, a "Therapy Pony" visited. People were very responsive to this.

The service remained innovative in its approach to being responsive. The service had recently launched a, "Three Wishes" project. This allowed people, with the support of staff or relatives where needed, to make three wishes. We saw this had resulted in people choosing to do activities such go to the pub and have a cider, see their favourite film or go shoe shopping. One person had requested to watch Michael Ball in concert with a glass of wine. The person's wish had been met by streaming the concert via the internet on the TV in the lounge and giving the person wine to drink. Activity staff had a positive approach to this project, telling us, "It's a brilliant idea, If it's achievable we will do it."

We found people's needs were assessed before and after admission to the home. Each person had care plans that were tailored to meeting their individual needs. Care plans we read were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Plans had records entitled, 'My life so far' that showed people's life history. Care records had been reviewed where required to ensure information was relevant and in line with care needs.

We saw that where needed, the service was responsive to people's needs. Where people required nursing intervention there was a treatment plan detailing the required level of support. People's mobility equipment was observed close to hand to enable their independence. People that were less mobile had a call bell close to hand to summon assistance if required. We saw staff responding to people's needs during the inspection, for example during lunch staff helped people to eat or encouraged them. Staff chatted to people in a friendly way through the meal and adapted cutlery was used by some people to promote independence.

The provider continued to be responsive when people or their relatives had given feedback. For example we reviewed records that showed during previous meetings suggestions had been made. These included requests such as someone requesting earlier breakfast, and we saw this had been communicated to the kitchen staff and implemented. A suggestion was made about the chairs in the front hallway which had resulted in the chairs being replaced. A request for additional water jugs being made available over the lunch period had been received and acted upon. This showed the service remained responsive to people's needs.

We found the provider had a process in place for people, relatives and visitors to complain. Information was communicated on how to raise a complaint and the timescales in which any complaint would be responded to and the process that would be undertaken. There was information on how to escalate a complaint to the Ombudsman if needed. The service had not received any complaints in 2017.

Is the service well-led?

Our findings

The service continued to be well led. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were positive about the leadership and management at the service. All commented positively about the care and support they received in their employment. Staff told us how they were supported to undertake nationally recognised training. Nursing staff we spoke with told how they received guidance and support with their revalidation. Revalidation is the process nurses must go through to maintain their registration to practice as a nurse with the Nursing and Midwifery Council.

Support to staff was available. There were effective ways to communicate with staff through meetings and daily communication following handovers between shifts. Different meetings were held between care staff and nursing staff, and where necessary information was cascaded. Staff told us communication was effective in the service. In addition, a senior member of the provider's staff ran a confidential 'Surgery' approximately every two weeks to give staff the opportunity to discuss any worries or concerns they may have.

There were systems to seek the views of people, their relatives and staff at the service. Annual surveys were produced by the provider. The results of the most recent surveys were mainly positive. For example, all relatives that responded felt welcomed at the service. People commented positively to the questions in the survey. One relative wrote, "The care received is to such a high level that it is reassuring to the family." Staff who responded to the survey gave mainly positive feedback.

We saw the service had community links with the local school and people were currently involved in naming a statue in the garden created by the school children. The service also sponsored national projects by involvement in schemes such as being involved in the, "Dementia Awareness Week" and raising money for the Alzheimer's society. The service had ways to communicate these links with people's relatives. The provider produced the, "Linden Latest" monthly newsletter to communicate information including community activity and the, "Three Wishes" project.

There were extensive governance arrangements in place. We saw that care records were continually reviewed monthly to monitor the health, safety and welfare of people. There were systems to audit areas such as medication, wound care, infection control practice and care provision. Additional auditing of induction record completion, complaints, cleaning schedules and keyworker allocation was completed to ensure the effectiveness of the service provided.

The registered manager felt supported by the provider. They were aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been regularly sent. The Provider Information Return (PIR) we

requested was completed was returned within the required timeframe.