

The Lindens (Stoke Hammond) Ltd

The Lindens Care Home

Inspection report

Stoke House
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Tel: 01908371705

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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

The inspection took place on 5 January 2016 and was unannounced.

The Lindens Care Home provides accommodation and personal care for up to 58 older people and people with dementia care needs. At the time of our inspection, the service was providing support to 45 people.

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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular on going training.

Staff were well supported by the registered manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's

individual requirements.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately..

Quality monitoring systems were in place.

The Lindens Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 January 2016 and was unannounced.

The inspection was carried out by one inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with seven people who used the service, three relatives of people that use the service, five carers, one senior carer, an administrator who was also the activity coordinator, the deputy manager and the registered manager.

We reviewed ten people's care records to ensure they were reflective of their needs, five medication records, seven staff files, and other documents, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I am safe here, very much so. The security in the buildings is good, people can't just get in. The staff are never rude or unpleasant and they are always here when I need help." We also spoke with family members of people that use the service. One family member told us, "I wasn't too happy with her coming to a home, but she is definitely safe here and this one was the right decision". All the other people we spoke with made similarly positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I would report anything that concerned me straight to the manager. I know about the whistleblowing policy here also, but I've never had to use it. I know I can report straight to the council or the police." Other staff we spoke with had the same knowledge around safeguarding and whistleblowing procedures. Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing the training records. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified the Care Quality Commission of any incidents as required.

People had risk management plans in place to address the various risks present around their support. A staff member told us, "The risk assessments are thorough and definitely helpful in terms of supporting people safely." These plans were broken down into different areas of a person's life such as Physical, Mental health, personal, moving and handling, behaviour, nutrition, and falls. Each of these areas contained details specific to the person that were scored and collated into an overall risk assessment. There were sections within the assessments for notes to be added and reviewed by staff. We saw that these assessments were regularly checked by the registered manager.

Accident and incident recording procedures were in place and showed that the manager had been made aware and action taken where necessary. The forms we saw had been completed appropriately, and the information had been added to a monitoring tool so that incidents and accidents could be analysed by the registered manager and acted upon, reducing further risk to people being supported.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. We found that environmental risk assessments had taken place within the service.

Staff were recruited safely into the service. One staff member told us, "I had to provide references and have a Disclosure and Barring Service check (DBS) before starting work." The registered manager told us that all staff went through these checks before starting employment. This was to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. The staff files we observed during inspection confirmed the checks had taken place.

People told us they thought there were enough staff on duty. One person told us, "There is always someone here to help me." The staff we spoke with also felt that there was enough staff working at the service. The

registered manager told us that there were staff that lived on site, within self contained flats. This meant that the service had quick access to extra staff should they need it and did not rely upon any agency staff to cover shifts at all. The registered manager showed us the rotas for the upcoming weeks. These were consistent with the amount of staff on duty at the time of our inspection. There was a good mix of staff skill across the service, with carers, senior carers, deputy manager, domestic and kitchen staff all present during our inspection. We saw members of staff within each communal area at the service and people were given support quickly when they required it, for example, one resident had pulled a table cloth off a table by accident, and staff immediately responded to support the person to put it back on.

We saw that medication was administered in a safe manner. We observed that the medication was stored securely in a locked trolley, in a locked room which had temperature control checks in place. The files we looked at all contained a front sheet with a person's details on and photograph. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by staff who worked within the service, as well as three monthly audits by the pharmacy which supplies the service.

Is the service effective?

Our findings

People told us they thought the staff were well trained. One person told us, "The staff are good here, they know what they are doing." Another person told us, "There are some new staff here, they take a bit of time to learn, but they are good." We saw that staff had skills and knowledge to understand people's preferences. For example, one person wanted to regularly walk in the corridors and change their coat many times during the day. The staff knew that the person found some comfort in this routine and would become agitated if asked to do something else.

Staff members told us that they had to complete mandatory induction training and shadowing before working with people that used the service, and that they received regular training refreshers and new opportunities to learn. One staff member told us, "I have been really looked after as an employee. I was given the chance to do my National Vocational Qualification in care which I really appreciate." All the staff we spoke with felt that the training they had received enabled them to give effective care to people. We reviewed a training matrix which confirmed staff had attended both mandatory and optional training, and were booked in for various updates and refreshers to keep their knowledge up to date. The registered manager told us that there were plans to employ a member of staff that could deliver and manage all the staff training.

Staff were receiving regular supervision and told us that they felt well supported within their roles. One staff member told us, "I have regular supervisions with my line manager. They are useful and I can feedback any issues I have. I have targets set for me to reach before the next supervision." Another staff member told us, "We can speak to our manager in supervisions, but we can also go to the manager or deputy on a day to day basis for anything we need as well." We saw records that supervisions were happening on a regular basis within staff files.

Staff sought out consent wherever possible before carrying out any care with people. One person told us, "They always ask me when we are doing something like washing and they never rush me." We saw staff that interacted with individuals and asked questions before doing anything such as asking if a person would like to come and sit down for a while, if a person would like to change some clothing they were wearing, or if they would like to eat now or later. The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff had all received training in MCA. The registered manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for several residents. He had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely,

without exposing them to unnecessary risks.

People told us they enjoyed the food that they received. One person said, "We get good food here." A relative of a person using the service told us, "[Relative] is quite picky, but she likes the food here." A staff member explained to us that there are two options for people to choose from, but if they don't want either then something else could be prepared for them. We saw that the kitchen had a wide variety of fresh food available for people to eat, and we saw that drinks were regularly offered to people throughout the day. People who needed assistance with eating and drinking were supported appropriately and the environment in which people ate was calm and not rushed. People were able to eat and drink at their own pace. We saw that people's weight was monitored and dietary requirements were noted for people within their care plans. Staff also recorded information about how much a person had eaten or drank within the daily notes on file.

People told us that they had good access to healthcare and medical appointments. One person told us, "I've had outpatient appointments, the registered manager arranges transport and sorts it all out, a carer goes with me, very efficient." Staff told us that they support people out to appointments, but health professionals also visited the service such as District Nurse team, a chiropodist, and the Macmillan team when necessary. We spoke with a visiting Community Nurse at the service who told us, "We come in every day to support individuals with diabetic needs and injections. The staff here are all very knowledgeable about people's conditions and medications, and are very helpful to us when we come in." The registered manager told us about the High Impact Team (HIT) that were available to the Home through the local trust. A team of nurses and physios who will visit quickly as a triage and can prescribe low level medication such as antibiotics. The physio will visit and give exercises for the carers to do daily and then return to reassess. We saw records of appointment visits and input from healthcare professionals within people's files.

Is the service caring?

Our findings

People made positive comments about the care they were receiving. One person told us, "The staff have always been very kind and caring." A relative of a person using the service told us, "[Relative] loves the staff and you can just see that the staff really like her, they always talk to her when they are looking after her."

The staff told us that it was important to take the time to get to know a person's history and background. The team leader told us, "I try and make sure we have some personal history information on all of our residents if possible as it is important to them. Sometimes people can't tell us about their past, so I try and make connections with relatives who can fill us in." We saw that people's care plans contained information about their personal history and background, and that there were display boards in the hallway that allowed people to display photos from their past and tell a story of their life. We saw staff interacted with people in a caring manner during our inspection, for example, a staff member noticed a person was limping whilst walking. The staff member immediately approached the person to check if they were okay and see if they had hurt themselves. Another staff member approached a person who had become visibly upset about something and offered to have a quiet chat if they needed.

People told us they felt involved in their care and support. One person told us about his wish to change rooms. He told us that he changed his mind several times but the staff were okay with this and were understanding about his choices. We saw that people had information within their care plans that prompted staff to involve people with their own support wherever possible. For example, a documented part of someone's morning routine for a person who cannot verbally communicate was to show them different items of clothing and allow them to point at their preferred choice. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to.

People were able to express their thoughts in residents meetings within the service. We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions. Actions were collated as a result of things that people had said within the meetings.

Some people within the service did not have any close family members, so required an advocate. We saw that the service promoted the use of advocacy services and we saw evidence of visits from an advocate to a person living at the service.

The people we spoke with felt that staff respected their privacy and dignity. One person told us, "The staff always knock on the door first, they are considerate." We spoke with a visiting nurse at the service who told us, "I always see that privacy is respected. There is a treatment room where the staff sometimes administer medication, and there is a screen to pull across should anyone want it." We saw that staff were considerate of people's privacy and knocked on doors before entering. We also saw staff attended to people's needs in communal areas in a dignified manner. For example, we saw staff prompted an individual to use the toilet, but this was done quietly and respectfully. We also saw staff support someone to clean themselves after spilling some drink on themselves. Again this was done in a respectful way and did not draw any

unnecessary attention.

We spoke to relatives of people that used the service who told us that they could come and go whenever they wanted to. One resident told us that he had visited his family on Christmas Day and other relatives seemed very comfortable with the staff and the visiting regime. There were several places for families to sit with residents, either close by them in the lounges or a few areas with extra chairs and settees. On the day that we were there a number of families came to take their family member out. We saw that major works were being undertaken within the large gardens at the service, to provide various outdoor areas for the residents.

Is the service responsive?

Our findings

People's needs were assessed before they moved in to the service. The registered manager told us that he would visit people and carry out an assessment usually within the person's home. Visits would then commence to ensure suitability between the person and the service. The service also provided emergency respite care to people coming straight from hospital. The manager told us that the pre assessments in these cases were not always as thorough due to the emergency nature of the placement. Contact would however usually be made with social workers, hospital staff and family members where possible, to handover as much information available and make sure they could provide suitable care. We saw that the service had an emergency admission policy that outlined the basic procedure for emergency admissions.

People received care that was personalised to their needs. We saw staff interacted with people in a way that was personalised to them. Staff knew the personalities of the residents and were able to make jokes and have conversations with individuals that were personal to them. A staff member told us, "When one gentleman first came here, he enjoyed Caribbean food as that was what he was used to. We made sure that we could provide him with the foods he liked. His tastes eventually changed and he now likes different food, so we just listen to him and provide him with what he likes."

We saw that personalised information was kept within people's care plans. For example, One person had information about their history as a carer for their own mother in the past. This meant that she was particularly sensitive about any support with her personal care, as it reminded her of the help she gave her mother. The information helped staff take particular care in the way that they supported her, according to her own preferences.

People's needs were regularly reviewed and updated as required. Staff told us, "If we notice changes in people's behaviour, or their likes and dislikes, we record it. The information we pass on is taken and plans are updated by management." We saw that care plans and needs assessments were regularly updated and monitored, and that staff recorded daily notes for each resident. During our inspection, we observed staff communicating information about people with each other in a confidential way.

The service had an activities coordinator that was employed on a part time basis. We saw that this person had implemented various activities for people to take part in. Her role was relatively new, and we saw that there were plans to expand the range of activities for people. The activities coordinator was researching different activities and topics for people to be a part of.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A relative of a person told us, "I have made a complaint before, and it was resolved very quickly with a minimum of fuss" A complaints folder was kept where all complaints were recorded. We saw that actions and responses were created and carried out for each of the complaints made.

Is the service well-led?

Our findings

People told us that the registered manager was easy to contact and was approachable, so they felt comfortable speaking with him about any concerns they had. One person said, "He's very good, I would always talk to him, very organised and calm, gets things done." Staff also told us that they felt well supported by the Registered manager and very much enjoyed working at the service. One staff member told us, "I love it here, we are a bit like a big family, everyone is very supportive." We saw that people who lived in the home and relatives felt relaxed and comfortable around the manager who was attentive and available to them.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff were aware of the visions and values of the service and felt positive about continuing to improve the service. We observed staff working well as a team, providing care in an organised, and calm manner. We saw that the service had a staff structure that included a deputy manager, senior carers and carers, and that people were well aware of the responsibilities of their roles and others. None of the staff we spoke with had any issues with the running of the service or the support they received. Staff told us that they knew the owner of the business and felt that they could contact them if required. The staff we spoke with told us they took pride in working for what they consider to be a good service.

The Registered manager was aware of the needs of the people and staff. He also pointed out which areas that the service could improve upon such as improving the activities provided for people to take part in, and felt confident that this was achievable. The registered manager told us about the development within the home from a small service to a much larger one, and was aware that this was an ongoing and evolving process for them. Our observations were that the relationships between the Registered manager and the staff were open and transparent. He was aware of the staff skill and culture, and was approachable to the staff team when needed.

Accidents and incidents were recorded and appropriate actions were taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings were held for staff to share information and discuss the service. We saw minutes from these meeting that confirmed they were taking place and that a range of topics were being discussed such as residents issues, staffing levels, environmental issues and general service updates.

Quality questionnaires had been sent out to people and their relatives yearly, and the results had been collated by the manager, with actions created from the information. One relative of a resident told us that they had received the request for feedback and had sent it back. The service carried out quality audits in several areas including medication, care planning, risk assessment and health and safety. We found that there were actions plans in place to address any areas for improvement.