Linden Care Homes Limited

Linden Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Linden Lodge Nursing Home on 22 February 2017. The inspection visit was unannounced.

Linden Lodge is divided into two separate units over three floors and provides accommodation, personal and nursing care for up to 75 people. Some people at the home were younger adults, other people were elderly. There were 69 people living at the home when we inspected the service.

A requirement of the service's registration is that they have 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 and the associated Regulations about how the service is run. There was an experienced registered manager in post at the time of our inspection visit. We refer to the registered manager as the manager in the body of this report.

Care records were not always up to date to ensure risks to people who used the service were identified and action taken to keep people safe. Medicines procedures and protocols did not always describe clearly how people should receive topical medicines.

Quality monitoring procedures did not always identify where the provider needed to make improvements, for example, in the area of topical medicines management, care records and manual handling techniques. Where issues had been identified the manager took action to address them to continuously improve the service.

We received mixed feedback about whether there were always enough staff at Linden Lodge. On the nursing unit we received feedback that staffing numbers were not always sufficient to ensure people were cared for safely and effectively, especially at night. The manager had changed some staffing levels on the unit, and was introducing quality assurance and monitoring measures to review the number of staff allocated to each unit at the home, to check staffing was adequate at all times.

Staff received training in safeguarding adults and understood the correct procedure to follow if they had any concerns. They were confident if they raised concerns with their manager these would be investigated appropriately.

All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. People were supported by a staff team that knew them well. Staff received training and had their practice observed to ensure they had the necessary skills to support people.

People were supported to access healthcare from a range of professionals inside and outside the home and received support with their nutritional needs. This assisted them to maintain their health.

The provider, manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA requirements. Decisions were made in people's 'best interests' where they could not make decisions for themselves.

Staff knew people well and could describe people's care and support needs. Staff treated people with respect and dignity and supported people to maintain their privacy and independence.

People were supported to take part in social activities and pursue their interests and hobbies. People made choices about who visited them at the home, which helped people maintain personal relationships with people that were important to them.

People knew how to make a complaint if they needed to. Complaints received were investigated and analysed so that the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run; action was taken in response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe living at Linden Lodge and staff had been recruited safely. People were protected from the risk of abuse as staff knew what to do if they suspected abuse. However, risk management plans were not always in place to ensure risks to people were managed safely. Medicines procedures were not always detailed enough to ensure staff had all the information they needed to administer medicines as prescribed. We received mixed feedback from people and staff about whether there were always enough staff to ensure people's safety.

Is the service effective?

Good

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with people who were closest to them and health professionals. People received food and drink that met their preferences and supported them to maintain their health. People were supported to see healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with respect and kindness. There was end of life care planning in place to involve people in decisions that took into account their wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in social activities in accordance with their interests and hobbies. People's care

records were based on each person's individual needs and preferences. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so that action could be taken to make improvements.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The management team was approachable and there was a clear management structure to support staff. People were asked for their feedback on how the service should be run, and feedback was acted upon. However, quality assurance procedures did not always identify areas where the service could improve which included medicine management procedures and care records.

Linden Lodge 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 was planned to check whether the provider was 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 22 February 2017 and was unannounced. This inspection was conducted by three inspectors, an expert-by-experience and a specialist advisor. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care.

We reviewed the information we held about the service. We looked at information received from relatives of people who used the service, statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home. We also requested feedback from two visiting health professionals, a training assessor and a visiting clergyman.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with ten people who lived at the home and twelve people's visitors or relatives. We gathered feedback from several members of staff including a nurse, two healthcare assistants, a member of the night

shift care staff, the registered manager, the deputy manager of the residential and dementia unit, an activities co-ordinator, two care supervisors, one team leader, and seven members of daytime care staff. We also spoke with the chef and the provider.

We looked at a range of records about people's care including nine care files. We also looked at other records relating to people's care such as medicine records for 15 people, and fluid charts that showed what drinks people had consumed. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for three members of staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Requires Improvement

Is the service safe?

Our findings

There was a system in place to identify potential risks relating to each person who used the service. Following the identification of such risks, some care plans had been written to instruct staff how to manage and reduce the identified risks. However, we found that risk assessments and care plans were not always up to date and detailed, to ensure staff had all the information they needed to support people.

For example, we found one person who was at risk of choking. The person needed to have fluids thickened with two scoops of thickener to 200mls of fluid. This was not contained in their risk assessments or care plans, although it was written in their daily care records. We asked five staff members about this person. One staff member was not aware this person needed their fluids thickened and another was not sure. The other three members of staff thought they should use 1½ scoops instead of two. It was clear that staff were not following the advice of health professionals about the amount of thickener used. However, there had not been any incidents of the person choking. We brought this to the attention of the manager during our inspection visit. The manager told us they would update the person's nutritional care plan straight away and inform staff of the correct level of thickener that needed to be used. The manager later showed us a copy of the updated information.

We saw staff did not always use their training and skills effectively to support people at Linden Lodge and reduce the risks to people when being moved. For example, some people required assistance to move around the home safely. We observed on three separate occasions with different people, staff did not use appropriate foot plates on wheelchairs to protect people from injuring their feet, this showed a lack of awareness of the risk this practice posed people. We brought this to the attention of the manager during our inspection. They later confirmed staff had been reminded to use both foot rests whilst people were transferred in wheelchairs.

The relationship between people and the staff who cared for them was friendly. People did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. All the people we spoke with told us they felt safe at the home. One person said, "I feel safe because I know all of the staff and they know me. There are no strange faces."

Relatives felt the care at Linden Lodge was provided in a safe way. Comments from relatives included; "100% definitely. We needed a safe and caring environment for [Name]. We found it here", "[Name] clearly feels safe and at home with you all and has nothing but praise for all the staff. It was a huge relief to leave them here calm, happy and relaxed", "[Name] definitely wasn't safe at home. I know they are safe now as the building is locked and there are always plenty of staff at hand. They haven't fallen at all since coming here nearly two years ago."

One relative explained they felt confident their family member received safe care, "Because staff are always keeping an eye out to ensure they are sitting up in the right position. They [staff] hoist them and are always very careful when they do that." Another relative told us, "They do look after [Name]. I can go home and know they won't come to any harm and staff are doing their best."

People had been provided with a personal alarm system, which they could use throughout the home. This personal alarm hung around the neck and was readily accessible to people if they needed staff to support them. This increased people's sense of security and meant they could always ring for assistance at any time. One person said, "I haven't fallen since I moved here but that's because I press my buzzer if I need support, the staff can make sure I'm safe, especially at night. Staff walk with me to the lounge or dining room as I'm a bit unsteady on my feet. I'm not confident enough to go on my own."

The provider had safeguarding procedures in place to protect people from the risk of abuse and safeguard them from harm. All the care and nursing staff knew and understood their responsibilities to keep people safe and protect people from harm. Staff told us their training assisted them in identifying different types of abuse and they would not hesitate to inform the manager, or the provider, if they had any concerns. Staff were aware of non-verbal signs if a person was unhappy, for example, bruising, skin tears, cleanliness and anxiety or irritability. One member of staff told us, "Abuse is not tolerated here, I have had training and we have a policy to keep people safe." One member of staff said, "I would inform the nurse or the home manager. If the situation was not addressed I would then escalate my concerns and report it myself to the safeguarding authority and the CQC."

The provider notified us when they made referrals to the local authority safeguarding team. They kept us informed with the outcome of the referral and actions they had taken. Staff attended safeguarding training regularly which included information on how staff could raise issues of concern with the provider.

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The provider also checked the registration of nurses with their regulatory body to ensure they maintained their professional registration. One member of staff told us, "Before I was allowed to start working at Linden Lodge, my DBS and references had to be checked out first. I was not given any shifts until all this was okay." Another staff member said, "I left last year but wanted to come back. I had to have a new DBS done."

Staff who administered medicines received specialised training in how to administer medicines safely; they completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. When staff assisted people to take their medicines, we saw they explained what they were being taken for. They explained to one person, "These are your tablets for your legs." We found staff were knowledgeable about what medicines people were taking and what the possible side effects were.

Medicines were stored safely. Medicines were kept in a secure locked location, and were monitored to ensure they were stored at the correct temperatures, so that medicines remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed.

People told us they received their medicines when they should. Comments from people included; "Yes I get my tablets when the nursing staff give them to me." One relative told us nursing staff were responsive if their family member was in pain.

Some people required medicines to be administered on an "as required" basis. For most people there were protocols (plans) in place for the administration of these medicines, to make sure safe dosages were not

exceeded and people received their medicine consistently. Plans also gave staff information about when medicines should be administered, for example, when people were in pain. Where people were not verbally able to communicate that they were in pain, the staff were provided with guidance on how to assess people's pain levels. The guidance explained how staff should use the 'Abbey pain scale' which is a recognised clinical tool to assess pain levels.

However, we found one person who was prescribed 'double-base' cream for their skin. Cream charts reflected that the person had this administered on 22 February 2017. However, we found the cream was not in stock, so could not have been administered as recorded. We discussed this with the deputy manager during our inspection visit. They acknowledged an error had been made on the chart, and they would raise this with the staff member who had made the error.

We found some protocols could have been more detailed, so that staff could be sure how all types of medicines should be administered. For example, there was a lack of guidance for staff on the residential unit about when topical creams should be administered to people's skin, and on which part of the person's body the cream should be applied. We asked care staff how they knew when to administer these, one member of staff told us they knew people well, so would know when and where to apply cream. They commented about one person, "We apply the cream if their skin looks red." The manager told us, on the nursing unit they used a system where a map of the person's body showed where cream needed to be administered.

Although regular checks of medicines were undertaken by nursing staff, the areas that we identified for improvement around the administering of topical creams had not been previously identified.

We saw that for most of the time during our inspection visit there were enough staff to care for people safely. Some people required two members of staff to provide them with support when they moved around, or during personal care routines. Other people had a range of care and nursing needs and some people were living with dementia. This meant some people were cared for in their room, or had behaviours which might be challenging, for example, frequently calling out to staff for assistance. In the nursing unit at the home some people were at the end of their life and required support from the nurse and health care assistants to ensure they were comfortable.

People told us they felt there were enough staff on the residential unit during the day. Comments from people included; "Oh yes definitely (enough). There is always somebody around all the time", "There is always someone around, there is always a presence", "There are enough staff for me." Staff said, "Generally there are enough of us, we don't use agency and we cover any shortfalls", "I work days, there are enough of us to care for people."

On the day of the inspection there was a visible staff presence around the home, however, we saw that some people waited for assistance at busy times. For example, we observed a call button ringing for 12 minutes on the day of the inspection visit before it was answered by staff. One staff member told us they felt the home was safe for people, but, "Twenty six people need two staff to help them on our floor which means we can be really busy. We have to prioritise tasks." This meant sometimes people did have to wait.

Some people told us they felt there were times when there were not enough staff on duty on the nursing unit. One relative told us, "Some days I feel there could be more. At weekends it seems worse….I see them [staff] work hard but at the same time they are pretty stretched." Staff also told us the nursing unit would benefit from another member of staff. Comments from staff included; "At night we have two care staff and the nurse, which on most shifts is adequate. There are times when the buzzers are quite busy. The nurse may need to be with someone who is at the end of their life. When this is the case we could benefit from another

member of staff. I do not find the staffing levels unsafe, although at times we can't be as responsive (as we would like) to the call bells", "Overall, there are enough staff but extra staff would be beneficial at night time", "At night the staff levels drop, I think levels are a bit low", "Daytime there is enough staff as the managers are here. At night time if someone phones in sick it leaves us short." A person at the service told us staff responded to them at night when they rang their bell saying, "If I press the bell at night they do come."

We asked the manager how they assured themselves that current staffing levels were sufficient on the nursing unit. We found twenty six people on the unit required more than one member of staff to assist them with their personal care and mobility. They explained to assist with staffing levels a twilight shift had been introduced on the nursing unit between 5.00pm to 12.30am. In addition, day staff started at 6.45am and the night staff left at 7.45am so there was an overlap of one hour to support people with personal care and getting up in the morning. They added staff would come in from another unit if needed. We spoke with a member of staff who worked on the night shift, they confirmed staff would do this if necessary. The manager was aware that sometimes staff were busy, but explained contingency plans had been put in place to ensure people were safe. The manager also monitored the call bell response times through an auditing system, to provide further information to aid in the assessment of safe staffing levels.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills they needed to support them effectively. One relative told us, "Definitely, they have made [Name] so comfortable. Staff keep an eye on everything. I think they are wonderful."

All staff developed their professional skills when they joined the team at Linden Lodge. They received an induction when they started work which included working alongside experienced members of staff. Induction courses were tailored to meet the needs of people who lived at the home, and the different roles each member of staff performed. For example, care staff received training in dementia care when they worked alongside people with the condition. One staff member commented, "Dementia training was really good. It was personalised to people here." They added, "I gained an understanding of the condition which was really helpful for me to try and understand why people do the things that they do." A visiting training assessor told us, and records confirmed, nurses received training in administering specialist medication, end of life care, and conditions such as diabetes and epilepsy.

The standard induction training all care staff attended was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care staff in the UK. Most of the staff we spoke with told us their induction and training provided by Linden Lodge was good, and met the needs of people at the home. One staff member commented, "I shadowed for a few shifts, it was helpful for me as I was getting to know people and their routines." Another said, "We are all completing the care certificate to refresh our knowledge and make sure we are caring for people correctly." Staff told us the manager encouraged them to keep their training and skills up to date. They maintained a record of the training attended to identify when staff needed to refresh their skills. Staff spoke about how they had been supported to undertake nationally recognised qualifications in health and social care so they could be more effective in their roles. A training assessor confirmed staff training was delivered through structured training sessions, coaching and mentoring from qualified and experienced colleagues. They said, "Staff are very positive about the learning environment that exists at Linden Lodge."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager and deputy manager were able to describe to us the principles of MCA and DoLS. We discussed how it should be applied to protect people's rights. In some people's care records we saw people were asked to sign consent to certain aspects of their care. Where people lacked the capacity to sign consent to their care, we found people's relatives had been asked to consent to certain aspects of the

person's care in their stead. We brought this to the attention of the manager and deputy manager during our inspection visit; we explained that family members were unable to 'consent' to care and support for another person unless formal arrangements were made through a power of attorney for them to do so. The manager agreed to change care records to reflect that family members were 'consulted' about certain decisions.

Staff understood the basic principles of the MCA and knew they should assume people had the capacity to make their own decisions. Staff told us they had received MCA training. Staff asked people for their consent and respected people's decisions to refuse care where they had the capacity to do so. Staff told us they would respect the rights of people to refuse assistance. Comments included; "I would report it and get somebody else to see if they can give them care", "We try and encourage them to have personal care. If they don't want it, we leave the room, go back a bit later and try again." One relative told us their family member had declined to have a bath that day and staff had respected their choice.

We were confident staff involved people in making decisions about their care wherever this was possible. One staff member said, "If someone can't make their own decisions, we are here and we can help. DoLS are in place to protect people if necessary." Another staff member told us, "It's about whether people can make decisions about their care and their choices. If they can't we might involve others to do that on their behalf."

Where people could not make all their own decisions, we found most people at Linden Lodge had a mental capacity assessment in place. However, this paperwork was being reviewed at the time of our inspection visit to increase the information provided to staff. Records confirmed following mental capacity assessments complex decisions were made in people's 'best interests' in consultation with health professionals and people's representatives.

We checked whether any conditions on authorisations to deprive a person of their liberty, were being met. The manager reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. Several people at the home had a DoLS in place. Several more applications had been made to the local authority and were awaiting a decision. However, staff did not always understand who had a DoLS in place and who did not. This lack of understanding meant staff might restrict people's freedom when this was not agreed, or they may not restrict someone when it was necessary. For example, we asked two staff whether anybody had a DoLS in place on the nursing floor. One responded, "I don't think so", and the other said, "I couldn't tell you." The manager later told us, "We now mark our care records with a visible orange sign to ensure staff know who has a DoLS in place."

We saw two mealtimes during our inspection visit. When we arrived some people were still eating their breakfast, we also saw people eating their lunchtime meal later in the day. At breakfast time a buffet breakfast was available until 9.30am. We saw people could choose what they wanted for their meal, and that food was available for people throughout the morning if they did not get up before 9.30am.

People were served their lunchtime meal over two separate 'sittings', as dining areas could not accommodate everyone at the home at the same time. This arrangement also ensured there were enough staff available to support people to eat their meal if they required assistance. We saw that where people needed assistance to eat their meal, staff supported people at their own pace and waited for people to finish before offering them more food.

The dining room tables were laid with table cloths, cutlery, glasses and condiments to make the mealtime experience as sociable as possible. People told us they enjoyed the food on offer at the home, and could make choices each day about what they wanted to eat. A daily menu of the food on offer was not displayed

on the notice boards on the residential unit, but people were able to choose from a range of options as staff asked people for their food choices before their meal was prepared. Other people who were living with dementia were offered a choice of food visually by being shown what was on offer. Once served with their meal staff also asked people if they wanted sauce or gravy to meet their needs. We saw people who had their food pureed had each item separately presented so they could still continue to enjoy the separate tastes. Comments from people included; "We are asked in the morning what we want, but we don't have a menu as such. The food is usually nice and you can more or less have what you want", "The food is out of this world. There is always a good selection. We are asked in a morning what we would like for the day but I have to say I can't always remember. The food's always well-cooked but I don't always get to go for first sitting and sometimes I'm really ready for lunch", "The food is always very tasty and a lot of variety", "Sometimes we have a wait but its good food."

People told us they could ask for an alternative meal if they didn't like the choice on offer. One person said, "The chef will make you something else if you don't fancy what's on offer." However, people weren't always offered a choice of drink with their meal. For example, we saw one person asked for a cup of tea with their lunch and was told by a member of staff, "We have that after pudding. Squash is served with your meal."

People were offered food and drinks that met their dietary needs. Kitchen staff knew the people's dietary needs and ensured they were given meals which met those. For example, some people were on a soft food diet or were diabetic. Information on people's dietary needs was kept up to date in the kitchen, and included people's likes and dislikes. The chef told us, "When people move in we are given information on people's dietary preferences and any allergies." The chef explained how they accommodated people's different dietary needs saying, "Today people had crumble. I made two different toppings. One had a low sugar content which was suitable for people who are diabetic." They added, "If people need extra calories, I add extra butter cheese and cream to food such as potatoes." We found the home had been awarded a 'heartbeat award' for its food. The manager told us the Heartbeat Award was assessed and awarded by North Warwickshire Borough Council for emphasis on health, nutritious diets, health and safety and food safety compliance.

People were involved in choosing the menu options available at Linden Lodge. The chef told us, "I hold taster days, I make lots of different foods for people to try. It's the best way to involve people with menu planning." Different foods such as curries, chills, pastas were offered to people during taste days. People gave feedback which was incorporated into the current menu available.

Food and drinks were available throughout the day. People were offered a drink after their meal. People also had drinks taken to their room several times each day. One person said, "We get biscuits and cake mid-morning." Another person said, "I can get a drink if I want one, there is a tea and coffee machine." Staff told us supper drinks and snacks were served at 9.00pm. After this time plates of sandwiches were left for the night staff to serve to anyone who wanted a snack. One relative when discussing meals said, "I go to make a drink in the main kitchen. The staff don't mind at all."

Staff and people told us the provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen or attended visits with healthcare professionals so any advice given was recorded for staff to follow. Records confirmed people had been seen by their GP, speech and language therapist, mental health practitioner and chiropodist where required. The manager told us the doctor and other health professionals visited the home each week, for example, the doctor visited the home twice weekly and the district nurse visited daily. Nursing staff told us they could contact the GP outside these time frames if needed. Staff said, "If there are signs or symptoms of a resident not being well, I would contact the General Practitioner or in emergency I

would not hesitate to contact 999 paramedic services." One person's relative said, "[Name] sees the GP every week or two as routine. The staff are brilliant. If they seem a bit off colour they ring me and the doctor." Another relative said, "Oh, yes they will get the doctor if they need to. They are very good. They always ring me too if my partner's been ill and needs the doctor."

We received feedback from the local GP regarding the home. They told us they reviewed people's care and medicines regularly with staff at Linden Lodge. They said, "We do have a good relationship with the Linden Lodge nursing staff. We do a ward round twice a week in the nursing unit. We are also available for phone consultations and indeed have frequent telephone conversations regarding patients."

Good

Is the service caring?

Our findings

Relatives spoke highly of the caring ethos of the home saying; "We looked around other homes, but this stood out. Just walking through the front door you could feel the care and the love. It is home from home. Matron (the manager) and the staff are always so polite and so helpful", "I've never seen anybody who isn't obliging", "They (staff) are really friendly and patient.", "The staff are so very kind. They're so good to [Name]."

Throughout the day we saw some positive interactions between people and staff. People appeared comfortable with staff, and we saw staff spoke with people with kindness. Staff spoke about what caring meant for them. One staff member told us, "Treating people respectfully and taking the time to care for them." Another said, "Whatever the person wants they will have. They come first."

Most of the time during our inspection visit we saw staff communicated with people effectively using different techniques. Staff touched people lightly on their arms or hands to provide them with reassurance and comfort. Staff assisted people by talking to them at eye level and altering their tone of voice to help people understand them. People smiled at staff and we saw people enjoyed these staff interactions.

However, sometimes staff did not always explain to people what they were doing, or intending to do to support them. For example, at mealtimes some staff offered people clothes protection with aprons, whilst other staff placed the aprons over people's heads without explaining what they were doing, or without asking their permission. We found this did not always provide people with a choice.

People did not always have a choice about where they ate their meal, or who sat with them whilst they ate. One person said, "One thing I don't like is this two sitting meal system. There isn't enough room for all of us in one sitting. I don't always get to sit by my friends." As people arrived in the dining room for their lunchtime meal we heard some people being given a choice about where they would like to sit, others who were wheelchair users were placed at tables of the staffs' choosing depending on where there was room. We brought the lack of choice around where people sat to the attention of the manager for their review. However, we understood there was a lack of space in the dining room to accommodate everyone at the same time.

Most of the time people told us they were supported to make everyday choices themselves if this was practically possible, for example, about where they spent their time. One person told us, "You can sit where you like and do what you like during the day. I prefer to sit in here (the quiet lounge) and read my magazines or newspaper. The other lounge has the TV on most times, is where they play games, do quizzes or what have you." One person who lived on the top floor of the home had chosen to stay on the top floor after their health needs had changed. Their choice was respected, so they remained in their room where they were familiar and comfortable with, rather than moving to the nursing floor.

A relative told us, "They (staff) always listen to what [Name] wants and respect their choices. The girls are really kind and will walk with them and chat. I'm looking forward to the warmer weather when they can get

out in the grounds. They listen. If [Name] refuses care they just chat with them, and sometimes they change their mind because they've forgotten to be grumpy. They are very kind."

People had decided how their personal space was furnished and arranged. People's rooms included photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. This was important as Linden Lodge was people's home.

We saw some people had make-up on and looked smartly dressed at Linden Lodge, other people were dressed more casually. We spoke with on person's relative who was wearing lip stick. Their relation said, "Staff help her put on her make up each day. She likes that." This showed staff respected people's individual choices. Other people told us about visiting the resident hairdresser each week to have their hair done.

Staff understood the importance of helping people to be as independent as possible. One staff member said, "I try to get people to do as much for themselves as they can. We try to encourage people so they aren't dependent on us all the time." We observed staff encouraging people to eat and drink independently. People were encouraged to use beakers, specialist cups and plate guards (devices that assist people to eat and drink unaided).

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring each person's social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they met people's needs. We found keyworkers and other staff knew people well. One relative told us, "[Name] loves them [staff] and plainly is very settled and happy here. Even the domestic staff look out for [Name] and chat with them. They (staff) all know [Name] really well, their likes and dislikes. I couldn't find a bad thing to say, at all."

People told us their dignity and privacy was respected by staff and we observed how care staff did this. Staff knocked on people's doors before entering and announced themselves. Staff assisted people with their personal care needs discretely. A member of staff explained how they promoted people's dignity. They said, "I will always knock before going into somebody's room. We cover them during personal care and we explain what we're doing at every stage." Relatives told us staff protected their family member's privacy and dignity. One relative said, "They will always say 'we are going to change [Name] do you want to step out', I have had no concerns about it."

We saw some instances where staff used their knowledge and skills to protect people's privacy. For example, one person occasionally took their clothes off in communal areas, as they were living with dementia. Staff explained how they reacted in such situations. Staff told us the first signs of this would be the person taking their shoes and socks off. At this time staff offered to change the person into a tracksuit or their night clothes to distract them from removing their other clothing. They then helped them to change.

One person told us they knew they could have a key to their room if they requested one, but their request had not been followed up by staff. They explained, "I have talked to staff about people coming in and out of my room. I have asked for a lock and key but so far nothing has happened. We have been given a lockable drawer but I don't want to have to lock my bits and bobs and ornaments away every time I leave my room." We brought the person's request to the attention of the deputy manager during our inspection visit, they promptly arranged for the person to have a key to their room.

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. This included a quiet lounge. People made choices about who visited

them at the home and were supported to maintain links with friends and family. For example, people could choose to have their relatives visit them and eat with them in the dining room. Relatives told us staff were respectful of their relationships with their family member and ensured they were fully involved in care choices. Some relatives also explained they were encouraged to stay overnight if their family member was very ill. One relative said, "A reclining chair was made available, to enable me to sleep over. Staff were available at all times and I felt very confident to leave [Name] for a few hours, knowing I was only a phone call away."

Some people at the home had been consulted about their wishes at the end of their life. We reviewed care records which documented their preferences. Staff told us this was to provide good quality care to people nearing the end of their life, and to respect their cultural or religious beliefs. People had up to date 'end of life' care plans. Plans showed people's wishes (where these were known) about who they wanted to be with them at this time and the medical interventions they agreed to. The manager confirmed people made these choices in consultation with health professionals, their relatives and staff, so that their wishes could be met. The home had acquired an accreditation in the National Gold Standards Framework (GSF) on 'end of life care', which is a recognised standard stating the provider had achieved a consistent level of support to people at this time. The manager told us, "The home was one of the first 30 homes in the UK to receive the GSF accreditation. Since that time we have been assessed and re-accredited for this award every 2 years."

Relatives told us staff were caring and thoughtful, particularly as their family member neared the end of their life. One relative told us, "They (staff) are exceptionally caring. There are one or two who go the extra mile but they are all caring." One relative particularly praised the caring responses by nursing staff. They told us, "One nurse is absolutely amazing; she goes above and beyond her duties. She is a credit to the place."

One relative told us how staff were considerate and kind when people were very ill saying, "They hold their hands and talk with them. They tell [Name] what they are going to do whether it is lifting the bed up or putting it down." They added, "They are very peaceful." One relative told us, "When [Name] was ill they were kept comfortable, with their best interests considered at all times. When [Name] passed away they were peaceful and pain free with me by their side."

When people passed away relatives told us the staff at Linden Lodge continued to be respectful and caring. For example, there was a 'memory tree' at the home to celebrate the lives of those who had died at Linden Lodge. Staff members attended people's funeral.

Good

Is the service responsive?

Our findings

Most people told us staff responded to their calls for assistance in a timely way, allowing for staffing levels. One person commented, "The girls are in and out all the time if I've decided to sit in my room. If I press my bell they are here straight away." They added, "I mean who wouldn't want to sit and look at this." The resident gestured to the room and the view.

We saw staff responded to people that became anxious quickly, to try and prevent people from becoming more agitated or distressed. We saw one person became tearful whilst in a busy lounge area, staff responded straight away speaking with them at eye level and holding their hand. The person soon relaxed. The member of staff got them a soft toy to hold, which they took. We later saw the person holding the toy affectionately, smiling and chatting. The person appeared happy and relaxed.

People told us they enjoyed the activities on offer at the home, and they were encouraged to take part in interests and hobbies they enjoyed. One person told us how staff supported them with their daily interests saying, "I have a daily paper each morning and like to read that and chat with the girls (staff) or the other residents in here each day. I do go into the other lounge where people are later in the day if I feel like it, sometimes to play Bingo. There's plenty to do. I love living here."

Another person told us, "They (staff) are out of this world and so kind to me. We do all sorts of things, have parties, entertainers and all that. We have film afternoons, do jigsaws, play favourite music and I have my magazines every week, a paper every day. I want for nothing. Sometimes it's nice to be able to sit and do nothing and just be myself." One relative said, "When [Name] was at another place they were bored, lonely and unhappy. Here the staff chat and play games with them during the day, read the paper to them, they are very happy and settled."

A list of activities for that day was on display in the communal areas of the home for people to refer to. In addition posters were on display at the home advertising forthcoming events. One relative told us, "They do loads. They have a weekly programme which tells you what is going on." The home employed four members of staff to support people with activities, hobbies and interests. Two members of the activities team were working at the home on the day of our inspection visit. The home also expected care staff to spend time with people, supporting them with interests and hobbies that might provide people with stimulation and enjoyment. One person told us, "I'm never really alone you know. There's always someone around and lots of company. I have found I am quite an artist you know. It's very relaxing making models or doing a bit of painting. Some are in my room but we are free to do as little or as much as we like here. It's a great place to be."

Care staff supported people with their interests and hobbies individually as well as in groups. We spoke with the activities co-ordinator during our inspection visit. They explained that although some people were cared for in bed, or stayed in their rooms, they tried to engage people in hobbies or interests they might enjoy. They explained, "People in bed have one to one sessions with a member of staff at least once a week." Sessions included sitting and chatting, reading newspapers, and listening to music.

One person who was living with dementia received encouragement from staff to assist them with their daily routine. Staff realised that the person found stimulation and involvement in doing every-day tasks. Staff engaged them by asking for their support in pushing around the refreshments trolley and collecting up empty cups and side plates. One member of staff told me that the resident worked in catering prior to retirement and took pleasure in helping staff.

Some people and their relatives told us staff had discussed their care, or their family member's care with them which included their likes and dislikes. One relative told us, "I always sit every month and go through the care plan to see if any changes need to be done." Relatives told us they were fully informed if there was any change in their family member's health or care needs.

Care plans included information on maintaining the person's health, their support needs and their personal preferences about how they wished their care to be provided. For example, care plans included information on which food people liked, and also provided staff with brief information on people's life history. Care reviews took place when people's needs changed. One person told us, "I have care reviews to check everything is just as I like."

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs at a handover meeting at the start of each shift. The handover provided staff with information about any changes in people's needs since they were last on shift. Staff explained the handover was recorded so that staff who missed the meeting could review the records to update themselves. One member of staff told us, "Handover is good. The staff have a general written 'daily changes' sheet which the nurses and health care assistants write on to tell us the important things we need to know. The nurses do a full verbal handover (resident by resident) at the start of the shift, and this is where you can get the best information."

Staff told us communication was good in the home. One staff member described communication between care staff and nursing staff as "excellent". Another staff member said, "Team work is good, we share information to provide good care."

There was information about how to make a complaint and provide feedback on the quality of the service in a service user guide each person was given when they began living at Linden Lodge. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. A typical response from people we spoke with was they had never needed to make a complaint. One relative said "I have no complaints; we deal with things as they go along. If I'm not happy with anything I tell the staff." Another relative told us, "I would be knocking on matron's (the manager's) door."

In the complaints log we saw that previous complaints had been investigated and responded to by the provider. For example, one relative told us, "We had a bit of an issue once about a young carer that was a bit rude to [name]. I complained, it was dealt with and that was that." Complaints were analysed by the provider to identify any trends and patterns, so that action could be taken to continuously improve the service provided.

Requires Improvement

Is the service well-led?

Our findings

There was an experienced registered manager in post at the time of our inspection visit, who had worked at the home in their role for more than seventeen years. The manager was part of a management team which included a deputy manager on the residential unit. The management team were instructed by the provider to conduct regular checks on the quality of the service provided at Linden Lodge. This was to highlight any issues and to drive forward improvements. For example, the provider directed the manager to conduct regular checks in medicine administration, premises, infection control procedures and care records.

Checks had not always highlighted that care records required review, to ensure risks to people's health and wellbeing were always being identified. We found information in people's daily care notes showed the care people received, but was not always consistently transferred to other areas in the person's record. This did not ensure risk assessments and care plans always reflected people's current health and support needs.

Managers and staff told us they conducted regular 'walk rounds' to ensure the quality of the service people received was maintained. However, we found regular management observations of staff's practice had not identified the issues we highlighted on our inspection visit. For example, staff were not always using mobility equipment appropriately to protect people from injury.

We found one example where care records had not been updated promptly following a change in the person's health, even though regular audit checks on records were being undertaken. In one person's risk assessment and care plans it stated they had a catheter in place, but their daily records stated the catheter had been removed. When we checked with staff the person's catheter had been removed on 5 February 2017. Staff knew the person well and were supporting them appropriately. We brought this to the attention of the manager who explained one part of their records had been updated, but another had not. They stated, "We do pick up these issues in regular care audits which are done for each person."

The manager had not identified areas that required improvement in medicines audits. For example, we found one person's prescribed medicine was not in stock. We also found some medicines protocols could have been more detailed, so that staff could be sure how all types of medicines should be administered.

Following our inspection visit we found the manager and provider was responsive to our feedback, and made some updates to care records and procedures. For example, changes were made to how drink thickeners were used at the home.

Following people's feedback the manager had recently reviewed staffing levels at the home, and particularly on the nursing unit. They explained to assist with staffing levels a twilight shift had been introduced, as well as an extra hour in the morning to generate an overlap of staffing when people wanted to get up. The manager told us staffing levels were determined by the number of people at the home, their needs and their dependency level. We saw each person had a completed dependency tool in their care records. This assessed how much care and support they required. The manager used the information to determine the numbers of staff that were needed to care for people on each shift and each unit.

The managers conducted other checks in the management of the home, for example, they audited the numbers and types of hospital admissions they received to identify any patterns and trends that could be improved when people came to the home. The manager was a member of a local forum where other managers and members of the local authority commissioning group shared information about discharge arrangements with local hospitals. This was to identify any areas that could be improved when people were discharged from hospital. Where checks had highlighted any areas of improvement at Linden Lodge, action plans were drawn up to make changes. Action plans were monitored for their completion by the provider.

Relatives were very positive about the care provided at Linden Lodge. One relative described the care as, "Absolutely wonderful. You can't fault it at all." Other comments included; "I'm just so happy I have got [Name] in a happy and safe environment. I've got no worries or concerns. There is no fault at all with the care or the staff, it is just amazing", "I feel Linden Lodge care home is very well managed and lead. I know my relation received the care they deserved, surrounded by staff that cared and loved her."

Staff told us they enjoyed working at the home and were enthusiastic to deliver high quality care. Comments from staff included, "It is quite a good friendly atmosphere", "The team work together", "It is a fantastic place, a lovely place to work", "I love it, really enjoy it." One staff member told us, "I think it is excellent." They went on to say a relative had received care at the home and they were pleased with the standards of care their relative received. They said, "My experience of [Name's] care here was outstanding."

Staff told us they received regular support and advice from their line managers and the nurses, which enabled them to do their work. Staff comments regarding the manager and the deputy manager included, "I think they are very nice", "They are very approachable and very fair." There was an 'on call' telephone number staff could call outside office hours to speak with a manager if they needed to. One staff member commented, "Managers are on call at weekends if we need them. That gives me reassurance if something was to go wrong."

The managers operated an 'open door' policy where staff or visitors could see them at any time. A manager worked on each floor, which meant they were usually available to speak with people during their working hours. One member of staff told us, "Matron (the manager) has an open door, whenever you need to see them. Problems I have approached them about have been dealt with quickly so I can carry on with my role." Another member of staff explained, "If I want to speak to the manager to give feedback, then an appointment can be made at a convenient time without a problem."

Staff told us they felt valued. One staff member said, "Very much so. The managers always thank us after each shift." One member of staff gave us an example of how the managers cared for the staff team, saying, "After I returned to Linden Lodge after a period of absence, I was unable to work full time. The deputy manager arranged for me to work more flexible hours for me to be able to come back." Staff told us there was an open culture for reporting mistakes and errors. One staff member said, "You can go to matron (the manager) and do that, they would rather you did that." The manager told us, this open culture helped to support staff, and generate a culture of learning from mistakes to improve the service. Staff told us in addition to being supported by their manager, staff regularly had contact with the provider. One staff member said, "They are very approachable." Another said, "They are always around and about, they are very thoughtful." One member of staff commented, "The provider does visit us, they ask if we are okay and if anything needs to be improved."

Regular team meetings between staff and their managers were held at Linden Lodge. Team meetings gave staff an opportunity to provide feedback about the running of the home, and staff could be kept up to date with any changes or developments at the home. Staff said they had 'floor meetings' every month when they

had the opportunity to share information and raise queries with senior staff. One staff member said, "We have a floor meeting when everybody writes things down in a book and matron (the manager) discusses them. If things need doing we try and get them done."

We asked staff on night shifts whether they felt they had regular meetings with their manager. One member of staff said, "As a night worker, it can be difficult to attend staff floor meetings which generally happen in the daytime. However, all staff have access to a meetings book where the topics discussed and the minutes of the meeting are written, so we can see what has been said and raise issues. I have attended night staff only meetings which are usually held in the evening, but these only happen if we request one or when the management feel the night staff need to be informed of something in particular. All items on the agenda are listened to and acted upon if necessary. Suggestions are taken into consideration but may not always be possible to carry out."

Regular one-to-one meetings took place with staff and their managers. These gave staff an opportunity to discuss their performance and any training requirements. Staff said, "We have a few supervisions each year and spot checks of our practices." Staff told us that they felt appropriately supervised. One staff member told us that supervision was happening every day because, "You can approach anybody if you have a query."

The manager organised regular meetings for 'residents' and relatives at Linden Lodge where people were asked for their feedback. At each meeting the minutes and actions of the previous meeting were discussed, to ensure people were provided with responses to any concerns or suggestions they had raised. We saw the meetings were advertised around the home, and a senior manager attended. Outcomes from meetings were fed back to people and their relatives with a regular newsletter distributed around the home. People told us they knew about monthly meetings, and could attend if they had the time. One relative said, "We get a newsletter about the meetings so they keep you informed."

We saw people could leave their comments about the service in the reception area. One relative told us they had a suggestion box in the reception saying, "I asked for a bench by the pond so we could go and sit there and that was done." One person said, "We wished we could have some coloured fish in the lounge, so I put a letter in the box and they have already got them."

People told us they would like staff to wear name badges as they couldn't always remember the names of staff. One relative told us, "[Name] likes to greet people by name and has trouble remembering. Name badges would be a bonus and helpful to us all. I have mentioned it before but nothing came of it." We spoke with three members of staff regarding the name badges. All explained these had recently been introduced at the home, but some staff were still waiting for theirs to be produced. We saw some staff wore badges during the inspection, and others did not. The manager explained badges had recently been introduced for staff in response to people's feedback, however, some staff were not yet wearing these. In the future all staff would be asked to wear badges.

The manager told us people were also able to provide feedback regarding the service in customer satisfaction surveys. These were given to people throughout the year, for example, when people joined Linden Lodge, or when people left. People were also provided with surveys if things changed. Where people had made comments regarding the improvement of the service, the manager told us these had been analysed by the provider to highlight any areas that may need action taking.

The provider had an improvement plan in place, which included the refurbishment and re-decoration of certain parts of the home. The improvement plan was on-going. In some areas of the home the provider had

identified flooring and carpets needed to be replaced. One such area was the lounge area on the residential unit. The carpet was due to be replaced with new flooring. The manager told us, "The carpet in that area is cleaned regularly, but we don't seem to be able to keep it smelling fresh. We are planning to change the flooring in that area to something that is easier to maintain."

Following a recent refurbishment at the home, we found there was a lack of signs to help people orientate themselves with their surroundings. This was especially apparent on the residential unit where people were living with dementia. We saw people walking around the unit during our inspection visit independently. Signage and additional prompts would have made it easier for people to orientate themselves and move around safely without getting lost. We found there were staff available in the communal areas on the unit to show people around when necessary. We brought this to the attention of the manager and provider. They told us the unit had recently received some refurbishment. They explained that during this process the signs usually on display had been removed and had not been put back (in a temporary format). The usual signs were in large print and pictures, and showed people which way they needed to walk to find certain amenities. They explained the signs would all be replaced when the refurbishment work was completed before the end of February 2017.