Colten Care Limited

Linden House

Inspection report

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Ratings

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

Overall summary

Linden House is registered to provide accommodation for people who require nursing or personal care for 60 older or younger people who may be living with dementia. Living accommodation was arranged with two residential house groups on the ground floor and two nursing house groups on the first floor. At the time of our visit three of the four house groups were operational. The home was purpose built and opened in 2014. All rooms are single occupancy with on-suite facilities. There are lounge and quiet areas in each of the four house groups. The home also has several themed living spaces about the home. For example, Linden Square Café Piazza, Curiosity Shop, Post Office and Salterns Coffee Shop. The home has a dementia friendly garden with a putting green, boules area and a themed 'town square' area to stimulate memory. The home is located a short walk from the town of Lymington in Hampshire.

On the day of our inspection visit 41 people were living at the home. There was not a registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager had recently transferred from another of the provider's homes and their application to become the registered manager at this location had been received by the Care Quality Commission in May 2015.

This inspection took place on 8 and 9 June 2015 and was unannounced.

People had a variety of complex needs including dementia, physical health needs and mobility difficulties.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by the staff or manager

People had risk assessments in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and had

Arrangements in place to manage these safely. Staff knew each person well and had a good knowledge of the needs of people, especially those people who were living with dementia.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The food menus offered variety and choice. They provided people with nutritious and a well-balanced diet. The chef prepared meals to meet people's specialist dietary needs.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed every month to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

People knew who to talk to if they had a complaint. Complaints were passed on to the manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person their relatives and where appropriate other health and social care professionals.

People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished.

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. The manager was approachable and understanding to both the people in the home and staff who supported them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

Summary of findings

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 in recognising signs of potential abuse.

There were enough staff deployed to ensure people received the care they needed.

There were effective recruitment procedures and practices in place and being followed.

Is the service effective?

Good

The service was effective. People's rights were protected under the Mental Capacity Act 2005 (MCA) and best interest decision made under the Deprivation of Liberty Safeguards (DoLS).

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were provided with a choice of nutritious food that met their requirements.

Is the service caring?

Good

The service was caring. The manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People were supported in promoting their independence and encouraged to receive visitors.

Staff were knowledgeable about the support people required and how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive. People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's care and treatment.

There was a system in place for recording and addressing complaints and people and visitors were made aware of the complaints procedure.

Is the service well-led?

Good

The service was well led. The provider had a clear set of vision and values, which were used in practice when caring for people.

The attitudes, values and behaviours of staff and the management enabled and encouraged open communication with people and their relatives.

There were systems in place to review the quality of service in the home. Action was taken as a result of these audits to improve the care and service.

Linden House

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 June 2015 and was unannounced.

The inspection team included two inspectors and one 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. Our expert by experience had knowledge, and understanding of dementia and older person's residential care homes.

Before our inspection we reviewed information we held about the service and provider and we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a PIR form from the provider. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service.

As part of our inspection, we spoke with the manager, nine care staff, 12 people, four relatives, one activity coordinator, the chef, a visiting minister, a radio presenter and the operations manager (who was a representative of the provider). Following our inspection we also contacted two GP's and one Community Psychiatric Nurse (CPN) to obtain their views on the homes delivery of care.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions.

During the inspection we looked at the provider's records. These included six people's care records, four staff files, a sample of audits, satisfaction surveys, staff rotas and policies and procedures.

This was the first inspection undertaken at Linden House since it registered in March 2014.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "I do feel safe here and well looked after". The staff are all very gentle and lovely". Another person said, "The staff are at all times efficient, knowledgeable and very friendly. Relatives felt their family members were safe in the home. One relative said, "Mum had developed a bed sore in her last home. She's much better here. The staff are really on top of their game they know what to look for. It's such a relief having her here". A visiting health care professional told us, "This home really does understand its residents well. It is a wonderful safe environment for people to live in and the care and support I have witnessed is excellent".

There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. The provider had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. The policy linked directly to the local authority safeguarding policy, protocols and guidance. The provider had suitable policies in place which were designed to protect people. For example, during the day the inspection team were 'challenged' on five occasions by staff who asked who we were asked us for our identification.

Staff told us they had received training around the importance of protecting people and keeping them safe from potential harm. Staff knew how to recognise and report any possible abuse. Training records confirmed staff had undertaken training in protecting people who might be at risk of abuse. They also told us the types of things that might constitute abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

The manager told us how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. For example, the manager described the action they had taken to minimise the risk of falling for one person who had had a number of falls. There was a clear plan in place which staff were aware of and used. Where people's needs changed, staff had updated risk assessments and changed how they supported people to make sure they were protected from harm. For example, where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattress had been obtained reducing the risk of them developing a pressure injury.

Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire. The provider ensured the premises and equipment were maintained. Health and safety records we looked at confirmed regular environmental checks were undertaken and any issues swiftly remedied.

The home was designed with people's needs in mind. The provider told us the design and construction of home followed the principles of The Dementia Services Development Centre (DSDC) which offers guidance about shaping the physical environment to counter the impairments which come with dementia. For example, corridors were spacious with good lighting which was crucial for aiding people living with dementia to make sense of their environment. Doors and surrounds leading to peoples rooms were personalised with 'memory boxes' and 'pictures' which provided memory stimulation and recognition of their room. Age appropriate pictures around the home also aided memory stimulation and gave a 'homely feel'. The garden area was designed following the same principles and included raised flower beds, a "seaside" area with beach huts, bandstand and images of local scenes. There was easy access to garden spaces with minimal door thresholds which made it easier for people to access the garden safely. Well maintained paths within the garden helped to minimise trip hazards. Seating provided resting points along the paths for people with limited mobility. One relative told us, "I walk most days in the garden with my wife. It scores extremely well. It's not packed with flowers and has an abundance of interesting things for us to do and look at".

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities

Good

Is the service safe?

were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs.

We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff usually came quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Records showed that medicines were received, stored, disposed of, and administered safely. There was lockable storage in the nursing rooms in each house groups. The medicine refrigerator and room temperatures were recorded daily and these records were up to date. People's individual medicine administration records (MAR) for prescribed medicines were completed accurately. Records of medicines received and returned to a local contractor for disposal were maintained.

There was a system of regular checks of medication administration records and regular checks of stock. There was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. We checked the quantity of medicines held against quantities administered for 12 people and found these to be correct. Staff were trained to administer medication and they did so in a safe way, making sure people had taken their medicine before they moved on to the next person. The home used a monitored dosage system with names, medicine details and details of each person with their photograph. Each person had a record of homely remedies that could be given. The list had been authorised by the GP and was reviewed annually or as needs changed. This ensured that medicines were handled and given to people safely.

Some people living at the home received medicine covertly. Care records clearly showed that in these cases best interest decisions had been made in line with the Mental Capacity Act (2005).

The home had an automated external defibrillator (AED). An AED is a portable electronic device that is used to restart the heart following a cardiac arrest. This was checked daily to ensure it operated effectively. The AED pads were also checked and found to be 'in date'.

Good

Is the service effective?

Our findings

People told us they felt the staff were competent in their role. One person told us, "The staff are very good at their jobs. They look after us all very well". Another person said, "Staff treat me very well-they know what I like and what I want to do and don't interfere". A further person commented, "The staff all know what they are doing". One person's relative told us they were, "Confident the staff had the skills they needed to care for their people". Another relative added, "Staff seem to understand my mother and know how to treat her" and "The way they look after her is brilliant and they make sure she eats and drinks. I am so relieved she is here".

People or their representatives were involved in discussions about their health care. One person said, "Staff are very good at calling the doctor for me if I am feeling unwell". A relative said, "Staff ring me if there are any problems and always keep me informed of mums health and well-being". A GP commented, "The whole team at Linden House are very efficient at managing the day-to-day care of their residents". A visiting minister told us, "I come in every week to provide support for people and this can be either spiritual or social support. It's a really lovely home and people are looked after very well by a good team of staff".

New staff undertook the provider's comprehensive 12 week induction training which they worked through during their probationary period. The induction included a three day dementia awareness course which the provider arranged in partnership with Bournemouth University. Staff were confident that by the end of their induction period they had attained the skills and knowledge to be able to care for the people living in the home. These skills were built upon with further experience gained from working in the home, and through further training such as medication and end of life care. Staff told us that their training had been planned and that they could request further specialist training if needed.

The manager told us they had developed staff skills and knowledge to enable them to offer effective care to the people they looked after. This was done through encouraging staff to join 'Dementia Friends' initiative, which enabled staff to promote inclusion and quality of life for people with dementia. A staff member said, "We belong to the dementia friendly scheme, which allows us to focus on improving the quality of life of people." Our dementia champion holds Dementia Friends Sessions, in our home regularly and these sessions are also open to friends, family and the public. We observed staff demonstrated their knowledge of dementia in the way they supported people. For example they took time in listening to people.

The manager promoted good practice by developing the knowledge and skills staff required to meet people's needs. Yearly appraisals were carried out and reviewed with one to one supervisions. Staff had the opportunity to meet with their line manager to discuss their work and performance. Staff felt supported and enjoyed working in the home. The manager confirmed supervisions were carried out regularly to make sure people receive the required support by suitably qualified and skilled staff. Areas identified in appraisals and followed up in one to one supervisions included development & training needs. The provider had plans to develop further training in October 2015 in respect of Communication and End of Life in Dementia, Pain and Dementia and Nutrition and Dementia. This would enable staff to improve on their skills and knowledge and ensure effective delivery of care to people.

All care staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation. Further, enhanced training in the MCA and DoLS was scheduled for all staff in late June 2015. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. All staff at Linden House carried a card outlining the key principles of the MCA. The card also gave guidance to staff when considering if someone was being deprived of their liberty. It reminded staff of the two key questions to be asked and prompted staff to take their concerns to the home manager or Head of Care.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do

Good

Is the service effective?

not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that where possible the person and other relevant people, such as social and health care professionals and people's relatives had been involved. One member of staff said, "Just because people lack capacity to make certain decision it doesn't mean they are unable to make any decisions at all. We always give them an opportunity to make decisions for themselves but if we felt it was a bad choice that put them at risk we would hold a best interest meeting".

The risks to people from dehydration and malnutrition were assessed. People were supported to eat and drink enough to meet their needs. For example, a person disliked certain vegetables and a particular activity. This was recorded in their care plans relating to nutrition and social needs and the staff were aware of these requirements.

People who had been identified as 'at risk' had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), specialist nurses and dieticians. People were provided with special diets. For example, soft diet, gluten free and diabetic. Staff were able to tell us who required a special diet and the reasons why. Staff helped people while eating to ensure risks of choking were reduced. Hot and cool beverages and snacks were available throughout the day and night and upon request. One person told us, "I sometimes wake up in the early hours and the staff always offer me a cuppa and a biscuit. They also sit and talk to me if I want". Staff told us how they encouraged people to eat and drink. One member of staff said, "If someone did not eat their food I would always go back and offer them something different."

People and relatives were very positive about the quality of the food, choice and portions. We observed lunch in the dining rooms where all the people were offered a choice. The food looked and smelt appetising and the portions were generous. Dinner was served on coloured plates with cups that contrast with tables, trays and food to help people living with dementia or associated conditions. This enabled people with impaired vision to distinguish what they were eating and promote independence and well-being. One relative told us, "I think putting food on a plate that is 'coloured' has really helped mum to enjoy her food. As a result she has gained weight and enjoys her food much more. It's such a simple thing but it works".

GP's visit as and when required and people's treatment was reviewed and changed if necessary according to their medical condition. Records confirmed there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. A GP told us, "I do observe that residents are supported to maintain good health and do have access to healthcare services including Dentistry, Ophthalmology, the Falls Service and others". Care records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing.

Staff described the actions they had taken when they had concerns about people's health. For example, they maintained soft diets for people with swallowing difficulties and repositioned people who were cared for in bed on a regular basis to minimise the risk of pressure ulcers developing.

Good

Is the service caring?

Our findings

People told us they were satisfied with the way staff cared for them. One person told us, "Staff are ever so kind and caring". Another person said, "They (the staff) are so patient with me", "I am happy with the staff- they treat me with respect. They are very nice and always willing to support and encourage me to do things for myself". A relative said, "The staff approach to people here and the compassion we see is part of what makes this place special; we are delighted with the care mum receives and could not ask for more from the staff". Another relative told us, "I know mum can be difficult but they've worked wonders with her. She's much better than she used to be. She enjoys having hair-do's and head massages. She's much happier now".

A Community Psychiatric Nurse (CPN) told us, "From my observations the staff are very kind and appear to be very knowledgeable about how to care for people who live with dementia. I always find the carers very professional and always seem to know the client's really well. I always see staff around which is good".

The care that was provided was of a kind and sensitive nature. Staff responded positively and warmly to people. Staff checked on people's welfare when they preferred to remain in their bedroom or not to take part in the activities. Staff provided reassurance for a person who was anxious. A member of staff sat next to them gently stroking their back and talking with them to provide comfort and reassurance.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. People were dressing, washing and undressing themselves when they were able to do so. They had choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'life diary' which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We get invited well in advance so we can attend and bring our opinion about how our family member is cared for". People's care plans were reviewed monthly by the manager or her deputy who sat with people and their relatives to discuss people's care and support. People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People told us they could talk to staff or the manager at any time if they had any worries or concerns about their care. One person told us, "The staff are really good at listening to me if I'm not happy about something. They always sort things out and I'm very grateful for that". A GP told us, "The home are good at calling us when they need us. We are contacted by the home in a timely way for advice and guidance".

Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the manager. Staff said that other people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

People were able to express their individuality. Bedrooms reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their own home and people were able to choose furnishings and bedding.

People's care plans included risk assessments with clear recommendations to staff about how to reduce the risk that was identified. For example, people who were at risk of falling were provided with walking aids to assist them to mobilise safely. People who were at risk of malnutrition and or dehydration had fluid / food intake charts to monitor their dietary intake and were weighed regularly.

Staff ensured that people's social isolation was reduced. Relatives and visitors were welcome to visit the home at any time. A relative said, "We are encouraged to keep in contact by phone, visits, meals and birthday celebrations."

Activities were arranged throughout the day. On the day of our visit the activities included, a minibus trip, Bible stories with a visiting minister, music request show and a tea circle. During the morning staff sat and talked with people whilst some people preferred to watch television or spend quiet time in their rooms. For people who did not wish to join in with activities, or for those people who had specific welfare needs a social care period of time was made available by the home for one to one personal support by a members of the care staff. People we spoke with found this to be of great comfort especially just to have someone to talk with. We observed an 'art class' taking place for eight people with external specialists. All were fully engaged, copying or interpreting a different picture the each had. One person was modelling with clay and each person had an art assistant, encouraging and advising them throughout the activity. In addition to this people enjoyed social engagement throughout the home in one of several themed areas.

Staff assisted people to take part in the activities and were sharing jokes and laughing with people. The activities coordinator told us, "It is so rewarding to see how we can contribute to people's enjoyment and play a part in keeping them stimulated and interested". Activities were planned monthly in advance. People told us they had a copy of the activities calendar and were aware of forthcoming events. Other activities included, garden club, cooking, poetry reading, arts and craft and a visiting Pets as Therapy (PAT) dog. Linden House worked in partnership with the New Forest Hospital Radio (NFHR) who produced a regular 'request show' called 'Music and Memories of Yesterday'. Staff from NFHR visited the home every month and held group sessions talking with people about music and songs that evoked memories from the past. Requests from people for music were played on the radio during broadcasts following their visit. A presenter from NFHR told us, "We rely on the staff and activities coordinators knowledge of people to help us plan our sessions and what we play on our request shows. Without their in-depth knowledge of people and their past histories this simply wouldn't work. Music is a great vessel and we can see by the expressions on people's faces how music 'takes them back to probably better times in their lives".

People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Three complaints had been received since February 2015 and had been dealt with in a timely manner.The manager said that most issues were brought to her attention verbally and were addressed swiftly. This open approach was confirmed by people, relatives and staff. The manager described to us the process they would take in the event of a formal complaint.

Good

Is the service responsive?

Residents meetings were held regularly to gather their feedback about the service. We looked at the minutes of the last meeting in March 2015. One topic discussed was for speakers to come into the home and talk to relatives and people about the different types of dementia. This has been agreed and plans put in place to implement this. The meeting also included a visiting optician who gave a talk on his background and took questions from the audience.

The provider sought feedback from staff during supervision, appraisal and regular staff meetings and welcomed suggestions for improvements. Staff were positive about the meetings and comments included, “This is a really good place to work” and “I think the quality of the care we provide is the very best.

Good

Is the service well-led?

Our findings

Staff told us the manager was very approachable. They said, "The manager is great, I can talk to her anytime". "She is a good people person". "I get a good feeling coming to work", and the manager shares her knowledge, is hands on and supportive. "We asked one external healthcare professional to tell us what the service does well and they said, "The home has always been very open and honest. If they make a mistake they don't hide. They put it right and work hard to ensure it's not repeated".

Relatives told us that the home was well managed. They said, "The manager is clear and firm with staff but compassionate with the residents. She knows what is going on, on a daily basis" and "Staff are on the ball and there are always staff in the lounge with people" and "I would recommend here to anyone".

Each morning at 10am management held a '10 at 10 daily communications meeting'. All heads of departments and senior nursing and care staff attended the meetings. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. It also discussed the activities for the day and ensured staff were deployed to ensure continuity of care. Nursing staff updated themselves on tissue viability concerns, blood test results and used this information to formulate action plans for the day to address any concerns that had been identified. Staff told us they found this a good way to communicate 'what was going on in the home' and enabled them to keep up to date with the day to day running of the home and people's changing needs.

The manager inspired the staff to maintain excellent standards of practice and led by example. Staff told us, "She is dedicated to people's wellbeing and she motivates all of us to be the same" and "She is very approachable and is always there if we need her".

The operations manager told us, "The manager is very passionate and brings positive energy into her role". A visiting minister told us, "The manager is definitely 'on the ball', very organised and knowledgeable about people's needs".

The manager demonstrated these to us by her knowledge of every person that lived in the home, including their needs. We saw an 'open door' policy which meant staff could speak to them if they wished to do so. The provider had a clear set of vision and values. These stated "Our promise and values sit at the heart of all our homes and reflect what we believe defines us, making us unique. 'Cherishing You' is our promise to each resident, their family and all our team. We achieve our Promise by living our Values – being friendly, kind, honest, reassuring and genuinely interested in you as an individual. From the very first moment you contact us, we will be responsive to you and your family. That means a warm, friendly welcome and we will listen to your needs, concerns and desires. Our observations and comments from staff showed these values had been successfully cascaded to the staff who worked in the home.

The management team at Linden House included the manager and Head of Care (HOC). Support was provided to the manager by the operations manager and quality manager in order to support the home and the staff. The manager oversaw the day to day management of the home. Both the manager and HOC knew each resident by name and people knew them and were comfortable talking with them. The manager told us they were well supported by the operations manager who provided all the resources necessary to ensure the effective operation of the service. For example, the operations manager supported the manager to have all staff trained in essential courses such as dementia for the home.

The operational manager visited the home regularly. They told us, "I aim to know each person who lives here so I can support the manager effectively when there are particular concerns that need to be discussed". The operations manager visited the service to carry out a monthly service audit while we inspected. This showed that the manager and staff were well supported by the provider.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the home were responsive to people's needs

Good

Is the service well-led?

and ensured they made appropriate referrals to outside agencies appropriately. They felt the management team worked in a joined up way with external agencies in order to ensure that people's needs were met.

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents, and medication. Unannounced night visits by the manager were undertaken. The last night visit took place at 3am in April 2015 where no concerns were found. This looked at the security of the home, cleanliness, hourly checks maintained and documented, handover records and staff being in allocated work areas.

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.