

Linden House Residential Home Ltd

Linden House Care Home

Inspection report

Linden House
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Date of inspection visit:
05 March 2021
08 March 2021

Date of publication:
08 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Linden House is a residential care home providing accommodation and personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 63 people.

The home accommodates people across two separate wings, each of which has separate facilities. One of the wings specialises in providing care to people living with dementia.

People's experience of using this service and what we found

Some staff members had not been recruited safely and recruitment processes needed to be improved.

At inspection, a provider representative had allowed a compliance document to be considered they knew was false when appropriate recruitment checks had not been made.

People were supported to be safe. Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

People's needs were met through assessments and support planning. The service worked with healthcare professionals to achieve positive outcomes for people. Staff and management had good knowledge and skills and this ensured people's needs were well met.

People's medicines were managed and administered safely.

Infection prevention and control measures were robust.

Staff described being supported by the registered manager and provider. Although there were quality assurance systems and processes to monitor the service and drive improvements, we found that some of these needed to be improved to capture the issues seen at this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 September 2020). At this inspection, the provider was in breach of regulations and remains rated requires improvement.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about people's support and staffing. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected and found concerns changed to issues with staff recruitment and management/provider oversight. We widened the scope of the inspection to become a focused inspection which included the key questions of 'Good' and 'Well-led'.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to Covid-19 and other infection outbreaks effectively

We found evidence the provider needs to make improvements and embed them into practice. The provider is aware of where improvements are needed. At inspection, action was taken to mitigate any risks. Please see the 'Safe' and 'Well-led' sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Linden House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Linden House Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about care and support at night.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector was involved on the first day and two inspectors carried out the inspection visit on the second day.

Service and service type

Linden House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We received information of concern from people connected with the service. We also reviewed information we had received about the service and considered feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care provided. We also spoke with four staff members, the registered manager, their deputy and a provider representative. We considered five staff recruitment files, four people's care files and medicines records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment procedures were not always followed. The provider and registered manager had failed to ensure appropriate checks into people's history had been carried out thoroughly. Some checks with previous employers in health and social care had not always been made.
- In one case, the provider and registered manager failed to address an issue of concern prior to the new employee starting work. Other checks such as those into identity and criminal records had been made.

Whilst there was no evidence anyone had been harmed as a result of these omissions, there were concerns about the safety of this person's employment. This was a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager took action during the inspection to ensure all employees were safe to work with vulnerable people.

- The registered manager ensured there were enough staff employed and we observed a good staff presence during the inspection.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe and consistent way. Records of the care provided showed people were receiving the care they needed.
- The provider had carried out environmental risk assessments and equipment was safe and regularly serviced. Appropriate fire safety precautions were in place but some fire doors were in need of maintenance. We noted the local fire service were to inspect the home on 16 March 2021.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines. However, some records were difficult to find. The registered manager responded well to the suggestion some care plans needed reviewing and, where appropriate, revising to better inform staff.
- The provider had a contingency plan to safely maintain the business and continuation of support to people in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and other types of harm. The service had a safeguarding and

whistleblowing policy which set out the types of abuse, how to raise referrals and the expectations of staff. Staff were well trained in safeguarding and had good skills to ensure people remained safe.

Using medicines safely

- Medicine records were clear and accurate, and policies and procedures were available to all staff. Designated staff had received training to administer medicines and checks had been carried out on their competence.
- Regular and detailed auditing provided staff with clear feedback about the actions they needed to take to improve the management of people's medicines. We discussed how changes could be made to improve the way medicines for disposal were managed

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure any infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager. We noted these were discussed with staff in meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider failed to understand quality performance and their regulatory responsibility. A representative of the provider had been involved in creating a false record relating to the recruitment of a member of staff. The record suggested an appropriate check had been completed with a previous employer in health and social care. No actual check had taken place and the previous employer had not produced any records.

This issue led to concerns around the safe recruitment of staff seen in the 'Safe' section of this report. It was also a failure to govern and manage appropriately and a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, a senior representative of the provider contacted us to advise of steps that would be taken to avoid a repeat of the situation that led to the breach of regulations.

- The provider had some systems to monitor the quality and safety of the service. The registered manager carried out audits, spot checks and observations to help ensure people were receiving high quality care. They did not however spot the issues seen in the 'Safe' section of this report.

We recommend the provider and registered manager revise oversight practices and look at implementing effective checks based on best practice and current guidance.

- The service had complied with other regulatory requirements such as submitting formal notifications. This meant we had the opportunity of monitoring situations whilst safety concerns were under consideration by the local authority and other authorities.
- There was an on-call system that provided support to staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment. This

includes informing people about the incident, providing reasonable support, providing truthful information and an apology.

- Where there were issues, such as when a person had fallen and hurt themselves, all relevant people were involved and any apologies were provided.
- Records relating to the care and support of people who used the service were accurate, up to date and complete.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Save for the issue that led to a breach of the regulations in this section, there was an openness and transparency about the way the service was run. This enhanced the care and support that was provided. Staff said there was an 'open door policy' and they could approach management and a provider representative for support.
- The service was committed to providing person-centred and high-quality care. They did this by engaging with everyone connected to the service, including people using the service, their relatives, staff and health care professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager engaged with staff and people's relatives to provide care that promoted positive outcomes and support.
- Staff members we spoke with were complimentary about the registered manager, the deputy and representatives of the provider. They said they were approachable and supportive.
- Records showed regular staff meetings were being held. This including meetings during the pandemic and within the minutes, we noted reminders to staff around their responsibilities in the use of PPE and to maintain social distancing.
- We noted feedback from relatives which contained positive comments about management, staff and a provider representative.

Working in partnership with others

- The service worked in partnership with key organisations and partners to support the delivery of quality care. For example, we noted staff had consulted and made representations about people's deteriorating health to ensure that the right type of support was in place for their needs. A visiting health care professional had been complimentary about the timing of a referral and said this had led to an early intervention that would benefit the person's well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failures in regulatory responsibility led to issues with governance and management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Registered provider failed to ensure employee was safely employed