

Linden Care Homes Limited

Linden Lodge Residential Home

Inspection report

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Date of inspection visit:
28 October 2019

Date of publication:
15 November 2019

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

About the service

Linden Lodge is a 'care home', which provides accommodation and personal care for up to 34 older people, some of whom are living with dementia. The home has three floors, each with communal lounge and dining areas. People had their own en-suite bedrooms. There is a communal garden area. At the time of our inspection there were 32 people living at Linden Lodge.

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

The service continued to be effective, caring and responsive in meeting people's needs. People told us they were happy living at Linden Lodge and described staff as having a kind approach to them and supporting them when needed.

Staff understood the importance of giving people choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed, and information was used to form plans of care. Personalised information informed staff of people's preferences. Planned activities took place and staff used activities to manage people's distressed behaviour when needed.

Overall, staff knew people well and steps they should take to minimise risks of harm or injury. However, this was inconsistent, and improvements were needed to ensure staff used safe moving and handling techniques.

Risk management plans did not always contain the level of detail staff needed. Where people experienced falls, these had not triggered a review of the person's risk management plan so additional actions could be taken to minimise risks of reoccurrence.

People had their prescribed medicine available to them and were supported by trained staff. When people received their medicines covertly, best practice was not followed. The home was well-maintained and good cleanliness reduced risks of cross infection.

There were enough staff on shift to meet people's needs.

There had been a change in manager since our last inspection. The previous registered manager had recently retired, and the deputy manager had been promoted to home manager and commenced their role during October 2019. They had applied to become registered with us and their application was in progress.

The manager was supported in their new role and acknowledged they still had things to learn. They had identified some areas where improvements were needed and shared their plans with us.

There were systems for people and relatives to give their feedback on the service, and comments were acted on. The provider had a system to deal with complaints.

There were processes to audit the quality and safety of the service. Some issues had been identified as requiring improvements and work was 'in progress'. However, some checks and analysis' done was not always robust and had not identified where other improvements were needed.

Following our inspection feedback, the manager took immediate actions to make improvements. This included refreshing staff's moving and handling training and assessing their competencies to ensure people's safety was maintained.

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

Rating at the last inspection

The last rating for this service was Good (published 22 June 2017). During this inspection we found the safety and quality of the service had deteriorated and some people's care outcomes were not of a good standard. The service is now rated Requires Improvement. We identified a breach of the Health and Social Care Act 2014 (Regulated Activities)):

Regulation 12 Safe care and treatment

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

Requires Improvement ●

Linden Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection Team

One inspector, an assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Linden Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who had applied to become registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. We also sought

feedback from the local authority and professionals who work with the service. We used all the information to plan our inspection visit.

During the inspection

We spoke with six people and 11 relatives. Some people living at the home could not give us feedback due to their complex needs. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with five members of care staff, the chef, the deputy manager and home manager and a registered manager from one of the provider's other services. We had a telephone conversation with the managing director of the provider company. We reviewed a range of records. This included a full review of three people's care plans, risk management plans, multiple medication records, accident and incident records and health and safety checks. We also looked at records relating to the management of the home.

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 Good. At this inspection we found the rating had 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 people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Overall, staff knew people well and how to reduce risks of harm or injury. For example, staff demonstrated a good knowledge of some health care conditions. One staff member told us, "We've had diabetes training, so we can spot signs of hypoglycaemia (low blood sugar). This includes being tired, shaky and not themselves, I'd get help for the person." Another staff member told us, "It's important we check the environment to make sure there are no trip hazards about, plus make sure people have their walking frames close to them."
- Individual risks had not always been identified and assessed. Risk management plans did not always contain the level of information staff needed. For example, one person, with a history of falls, had a health condition which meant they had variable levels of mobility. Whilst a staff member told us about this and described the person as having "better times of the day than others," this was not reflected in their care plan, which stated they 'walked using a frame' and yet during our inspection the person used a wheelchair.
- Staff did not always use safe moving and handling techniques, which posed risks of injury to people. During our inspection visit, whilst some safe practices took place where staff supported people to transfer, we observed three incidents where staff used poor moving and handling techniques.
- Another person was encouraged by staff to place their hands on their wheeled walking aid, as they stood from their wheelchair. The pressure on the wheeled walking aid caused it to move forward, and as the person slowly stood, there was a risk of them toppling over. We discussed what we had seen with the manager who assured us staff would be retrained and assessed before the end of November 2019.
- Some people were at risk of developing sore skin. Overall staff understood the importance of repositioning people to reduce risks of skin damage and pressure relieving equipment, such as airflow mattresses were in place. However, we checked the settings on four mattresses and all were set incorrectly which meant people did not receive the desired pressure relief. For example, one person's airflow pump was set between 150 – 175kg and should have been set at 50kg. Following our feedback, the manager took immediate action to ensure settings were corrected. The manager told us an information guide had been attached to the end of people's bed so staff had the information they needed.
- The provider had a system for staff to report accidents and incidents. However, whilst daily care notes recorded a person had fallen, the accident form could not always be located. The manager told us, "Staff know they should complete accident forms, I just can't locate them." This meant we could not be sure if all accidents had been reviewed by the manager.
- Whilst some individual actions had been taken to mitigate identified risks when falls had occurred, these were not used to prompt a review of people's risk management plans. For example, one person had fallen six times during August 2019. The manager told us staff responded to the person's pressure sensor mat alert, but did not always reach the person in time. Consideration had not been given to other specialist equipment

that might alert staff sooner and reduce the person's risks of falls more effectively. Another person told us they had recently had a fall, but, again, we found this had not prompted a review of their risk management plan.

- The provider had not always ensured the previous registered manager's analysis of accidents and incidents was used to ensure learning was identified and risks of reoccurrence minimised. For example, on both the August and September 2019 analysis, it was stated "most falls this month occurred in resident's bedrooms". However, there was no action taken to mitigate risks of reoccurrence.

The above concerns were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

- There was a maintained fire alarm system and people had personal emergency evacuation plans (PEEPS). Staff had received fire safety training and told us they would 'get people to a safe place' in the event of a fire. Whilst fire drills took place these were not scenario based and the provider had not assessed staff's ability to respond in an emergency and timed 'zone evacuation' to ensure enough staff were on shift to achieve this in the desired time. The manager assured us a series of scenario- based timed fire drills would take place for all staff.

Preventing and controlling infection

- Staff had completed infection control training and had personal protective equipment available to them. Staff used gloves to reduce risks of spreading infection, for example, when undertaking personal care.
- On the day of our inspection visit, the home had no odour and was clean. However, sealed and open packs of incontinence products were stored on en-suite floors, next to toilets. This posed risks of cross infection. The manager told us they planned to use a cupboard for pad stock storage and following our feedback, would purchase plastic containers with lids so open packs could be stored without risk of cross contamination.

Using medicines safely

- People had their prescribed medicines available to them and were supported with these from trained care staff. Staff understood the importance of time-specific medicines for certain health conditions and these were given in line with the prescriber's instructions.
- Some people were prescribed 'when required' topical creams. Body maps informed staff where these should be applied on the person's skin and staff signed Medicine Administration Record (MAR) when creams were applied.
- Staff did not always follow safe practices for the administration of medicines. Staff told us they used spoons to crush medicines for two people because no pill crusher was available to them. Following our feedback, immediate action was taken to purchase a pill crusher and the manager assured us staff would be informed of safe practices.
- Staff did not always have the information they needed to ensure consistent practices were followed when people were administered their medicines covertly (hidden in food or drink). Whilst records showed legal authority had been sought to administer medicines covertly, there was no protocol to tell staff how the medicines should be given.

Staffing and recruitment

- Overall, there were sufficient staff on shift to meet people's needs. The manager told us, "It's our aim to have two care staff on each floor, so six care staff on the day shift. There may be rare times this drops to five staff, but there are occasions we might have seven on shift." However, we received feedback from people, relatives and staff who told us at certain times of the day, they felt staffing was "a bit low". One staff member

told us, "I think we could do with a third staff member on each floor, so when both staff are showering people or supporting those who require two staff, there is a third staff member to observe people and meet their needs." During our inspection visit, communal areas were only left unattended for very brief periods of time.

- We discussed feedback we received about staffing with the manager. They told us the provider had suggested, as part of them being new into post, they should review staffing levels and consider any needs for 'twilight' staff shifts. The manager assured us this would be discussed further with the provider.
- We did not look at recruitment checks on this inspection visit because the provider's system for staff recruitment was safe.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles.
- The manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority. However, they were unable to locate their safeguarding log, when we requested this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals. For example, when people received their medicines covertly, legal authority had been gained. However, one person's best interest decision was dated 2017 and no review had since taken place, to ensure this decision remained in the person's best interests. The manager told us the need for these reviews had been identified in a September 2019 audit and assured us these would be completed before the end of November 2019.
- Some care staff had a limited understanding of DoLS, however, understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting people with personal care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met and people gave positive feedback about the food. The chef had information about people's likes and dislikes and told us people's needs were always catered to, whether this be personal preference or religious belief.
- Staff supported people to make choices about what they ate and drank, by offering visual choices at the point of service, in line with best practices for supporting people living with dementia. People received the support they required during mealtimes
- People's weight was monitored, and referrals were made to dieticians when needed. Fortified milk was used and additional calories were added to food prepared in the kitchen, such as butter to mashed potatoes. Snacks such as biscuits and chocolate bars were offered to people, and the manager told us they planned to introduce individual high calorie snacks to people with identified needs in line with best practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to GPs and were referred to healthcare professionals when concerns were identified by staff. The manager told us about their arrangements with professionals to ensure people received oral care, podiatry services and eye tests.

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt they had the skills they needed to care and support people in a safe way, which overall, they did. We saw some examples of staff not following their training when moving and handling people. We have reflected on this in our safe domain and the immediate actions taken by the manager to ensure staff's skills were refreshed.
- Staff were offered regular supervision meetings with managers, to monitor their performance and provide them with an opportunity to discuss their development. Staff spoke highly of the training provided and one staff member told us, "We have completed dementia care training and managing distressed behaviours, there are lots of opportunities given to us to develop our knowledge."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a pre-assessment before moving to live at the home. These assessments were used to formulate care plans for staff to follow.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Adapting service, design, decoration to meet people's needs

- The home was purpose built and adapted to meet people's needs, such as hand-rails along corridors. People could freely access a secure garden area.
- The home was well-maintained and decorated in a dementia-friendly style, with items people could handle or touch. People were supported to personalise their bedrooms as much as they wished to.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People consistently gave positive feedback about staff and described them as kind and caring. One person told us, "I like all the girls (staff), they always help me when needed."
- Relatives were complimentary about the staff and described the care provided as good. One relative told us, "I am very happy with the care [Name] receives here, it's a lovely home." Another relative said, "I visit about three times a week and have no concerns about the care provided."
- Throughout our inspection visit, we saw staff engaged with people and positive interactions took place. Staff were compassionate and used touch in a positive way to reassure people when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and gave examples of how they encouraged people to maintain their skills. One staff member told us, "I encourage people to eat their meal by themselves, offering support when needed, but trying to prompt people so they maintain their skills." Another staff member told us, "I encourage people to wash themselves as much as possible."
- People's privacy and dignity was respected. Staff consistently knocked on people's bedroom door before entering. One staff member told us, "We only ever support someone with personal care in their bedroom and make sure the curtains are closed and the door shut."
- Staff understood the importance of keeping people's personal information confidential and care records were stored securely.

Supporting people to express their views and be involved in making decisions about their care

- During our inspection visit, staff supported people to make decisions about where they wished to spend their time. A themed party took place on the ground floor and people were offered the option of taking part.
- Staff gave people choices. For example, one staff member told us, "We'll show people two sets of clothing appropriate to the weather and ask which the person would like to wear for the day."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans, which were personalised and contained pictorial 'life-story' books. Staff told us they used these to support reminiscing with people.
- Staff knew people well and what their preferences were. One staff member told us, "[Name] likes to walk, so whenever the weather is fine, I take them for a walk to the local church or library, places they enjoy."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Planned activities took place and people were supported to take part in these, including beach ball 'catch', bingo and dominoes. Staff felt there had been recent improvements made in the activities, and the manager explained they had recognised a need for more variety and had arranged for more events to take place.
- People were supported to maintain their own hobbies, such as reading and completing puzzle books. One person told us, "I like to do my knitting."
- Staff were responsive in using activities to divert people's distressed behaviour. One staff member told us, "[Name] has behaviours which can challenge, but we know they really like dogs, so we play a 'dog game' using our 'interactive table' and this helps calm [Name]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- There was signage around the home. People had personalised items outside their bedroom door to help them orientate to their own bedroom. Bathrooms were signed to help people find toilets. Corridors were decorated in a style that promoted a positive living environment and enable people to find their way about the home.
- People had individual communication care plans, giving staff important information about effective communication.
- The manager acknowledged as part of their new role, they needed to become familiar with the AIS. They assured us further work would be undertaken to implement, for example, an accessible format of the provider's complaints policy.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints. A few relatives told us they had previously

raised little 'niggles' but these were addressed and resolved. Staff told us if anyone had a complaint, they would inform the manager, so issues could be addressed.

- The provider had a complaints policy, and this was displayed. A registered manager from one of the provider's other homes told us a few complaints had been received and these had been investigated. They assured us the provider aimed to use these to improve the quality of the service. When we requested information about complaint investigations, the manager was unable to locate records.

End of life care and support

- The home did not specialise in end of life care. However, the provider aimed to support people's wishes to remain at the home for end of life care whenever possible and in line with people's wishes.

- People and their relatives were given opportunities to share information about their preferences for end of life care. Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service was not always well managed and well led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There had been a recent change in the management team. The previous long-standing registered manager had retired during September 2019, and the previous deputy manager had been promoted to manager. They were in the process of applying to become registered with us.
- The new manager and new deputy manager were open and honest in telling us they were in the process of learning, and being supported by the provider, to understand and meet the requirements of their new roles. The manager told us, "I've just come into the manager role during October 2019, a lot is new to me and I know I have a lot to learn. I am being well supported and am keen to learn." The manager shared 'work in progress' with us and their plans, for example, to review all care plans before the end of November 2019 to ensure all important information was correct and guided staff on what they needed to know.
- The deputy manager told us, "I am quite new to working in this area, though have skills I will be able to transfer. Like the manager, I know I have a lot to learn, but we are both keen and will support each other, as well as being supported by the provider."
- Staff felt well supported by a "good management team" and told us managers were approachable and listened to them. However, staff did not feel they could comment on how effective the new manager and new deputy were and told us it was "too early to assess the new manager's effectiveness."
- The provider had systems of auditing the safety and quality of the service, and managers undertook regular audits. A recent medication audit had identified areas where improvements were needed. Whilst some issues had been addressed, such as reminding staff to sign medicine administration records, other actions were 'work in progress' including arranging the review of covert medicine protocols.
- However, some checks had not always identified where improvements were needed. Quality assurance checks on care records had not always identified gaps in important information. For example, an assessment tool had been used to identify those people at risk of skin damage, but this had not been used to create a skin integrity care plan. Following our feedback, the manager told us they would ensure these were implemented.
- The analysis of accidents and incidents was not always not robust. Where people had experienced falls, these had not triggered a review of their falls risk management plan to ensure opportunities to prevent risks of reoccurrence were minimised. Both August and September 2019 analysis identified specific times of the day when more falls took place. However, no actions had been taken or recorded to address this. We discussed this with the manager and they assured us more robust analysis would take place and risk

management plans would be reviewed whenever a person experienced a fall.

- Following our inspection feedback, the manager implemented a diary system for care supervisors to record any concerns about people's safety and wellbeing. The manager told us this would aid communication and enable them to take immediate action to update risk management plans or contact healthcare professionals for guidance.

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

- The manager told us they recognised the importance of making themselves available to people and their relatives. They had an 'open-door' policy, so people could speak with them when needed.
- People and relatives were given opportunities to give feedback, through 'resident and relative' meetings and annual surveys. The feedback survey undertaken during July 2019 had, overall, received very positive results. Where improvements were needed, such as with the laundry service, actions had been taken.
- During August 2019, the provider had introduced an electronic feedback system which family members, friends and external healthcare professionals could use to give feedback about the service. Feedback received about the service was positive.
- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of serious incidents at the home.
- The manager had signed up to receive information and alerts from, for example, the Care Quality Commission.

Working in partnership with others

- The provider worked in collaboration with professional organisations to ensure they provided a good service. For example, they had achieved an accreditation for the nutritional content of their menus; promoting healthy eating.
- The manager was actively seeking opportunities to work with other bodies to increase their skills and knowledge. For example, they had developed links with other local registered managers so good practices could be shared.

Continuous learning and improving care

- The manager recognised the importance of continuous learning. They attended the provider's 'managers group meetings' where learning was shared.
- The manager had recognised their need to increase their knowledge in skin care and how to minimise risks of skin damage and had signed up to join a local hospital forum tissue viability group.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed the risks to the health and safety of service users or done all that was reasonably practicable to mitigate such risks.</p>