

Mrs Roshni Moddia

The Lindens

Inspection report

Deardengate
Haslingden
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The Lindens is a residential care home that was providing personal care to 12 older people at the time of the inspection. The service can support up to 15 people. The Lindens accommodates people across two separate floors, each of which has separate adapted facilities and a stair lift. Some of the people living in the home had a diagnosis of early stage dementia. The home is situated close to the centre of Haslingden.

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

People were supported to be safe and said that they felt safe. Staff received robust safeguarding training and had a good understanding of the principals involved in taking action when abuse was suspected. There was an open and transparent culture in relation to accidents and incidents. Medicines were managed safely. The provider had a recruitment process but there were issues in some of the files we looked at. We have made a recommendation about this that can be seen in the 'Safe' section of this report.

People's needs were met through robust assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff and carers had good knowledge and skills and this ensured people's needs were well met. We saw good examples of when people had been supported to maintain a healthy and balanced diet.

People told us carers and staff were compassionate and kind and during the inspection, we observed this to be the case. Management and staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care and support that was person-centred. We saw good examples of how the care and support people received enriched their lives through meaningful activities. The service had a robust complaints policy. There was an end of life policy in place that could be used if appropriate.

The values and culture embedded in the service ensured people were at the heart of the care and support they received. The registered manager and provider planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people. People knew how to feedback their experiences and this was considered and acted upon by the registered manager and provider. Staff told us they received good support from management.

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

Rating at last inspection:

At the last inspection, the service was rated good (published 14 December 2016).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-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 safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-led findings below.

Good ●

The Lindens

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by one inspector, an inspector manager and an 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.

Service and service type:

The Lindens is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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:

The inspection was unannounced.

Inspection site visit activity started on 4 June 2019 and ended on 5 June 2019.

What we did before the inspection:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and health care professionals.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained

information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We visited the home and met people. We also saw the registered manager, the provider, care staff, relatives, a vicar and two health care professionals. We reviewed care records and policies and procedures. We reviewed four people's care records, five staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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 in place 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.
- People and their relatives told us they felt safe using the service. One person said, "I've no concerns about safety and I've been very observant for my own peace of mind". A relative said, "Both the manager and provider are on the ball with their staff and aspects of safety in the home".

Assessing risk, safety monitoring and management

- The service managed risks to people's safety. People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, moving and handling, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines.
- Staff were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.
- The provider had a comprehensive contingency plan in place to safely maintain the business and continuation of support to people in the event of an emergency.

Staffing and recruitment

- The provider had recruitment systems and processes in place but in two of the five cases we looked at, insufficient checks had been made prior to the staff members starting work. Other checks such as criminal records and identity checks were in place. The registered manager undertook to make further enquiries in these cases to ensure that the recruits had been safely employed. We saw that all other staff had been recruited safely by the provider.

We recommend that the service revises its recruitment processes taking account of legislation and best practice to ensure that all relevant checks are made on staff before they start work.

- We received positive responses from people in relation to staffing levels. Staff rotas supported that there were enough staff members available to manage and support people's needs. Staff told us there were sufficient staff and their shifts were covered when they were on sick and annual leave. We noted a good staff presence during the inspection.

Using medicines safely

- People's medicines were administered safely. The service had a medicines policy in place which covered the recording, storage and administration of medicines.

- Records showed staff were up to date with medicines training. Only the registered manager, provider and senior staff supported people with giving medicines.
- People were supported with medicines and had a medication administration record. These were accurately completed and showed that people received their medicines as prescribed. Where there were issues, we noted action was taken quickly to ensure people were safe.

Preventing and controlling infection

- People were protected against the risk of infection. We noted that the home was clean and tidy and there were systems in place to ensure that all areas of the home were clean.
- We noted that staff wore personal protection equipment (PPE) and people told us that staff always wore PPE when serving food and providing personal care.
- The kitchen was clean and staff had been trained in food hygiene. The service had recently been awarded a five star rating for food hygiene by the local authority.

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 in meetings and supervision sessions.

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 best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this

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

- People's needs were met through the registered manager and provider carrying out assessments. These also included and took account of views and advice from health and social care professionals.
- People were given choices in their daily life. For example, we saw that a person was asked whether they wanted to participate in a meeting with others with a vicar who visited the home or if they preferred to meet in their room alone.
- Staff knew people's preferences, likes and dislikes. Information within care records included meal choices and sleep and personal hygiene routines.

Staff support: induction, training, skills and experience

- Staff were well trained and supported. When new staff joined the service, they completed an induction programme which included shadowing the registered manager or more experienced staff. Staff new to care had to complete the Care Certificate. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care. One staff member said, "I am currently going through a probation period and had training and shadowed experienced staff before providing care to people."
- Training was provided in areas including medicines, end of life, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005. Staff said they felt supported and received regular supervision and six monthly appraisals.

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

- People were supported to eat and drink enough. One person said, "The meals are very good here. You can have a full breakfast if you want."
- Where appropriate, staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. We noted that one person had come to the home and their health had improved as a result of putting on weight. A relative said, "I couldn't get to see my relative every day to make sure they ate properly but here there's a real variety and proper encouragement and I have no worries."
- Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. We noted that this support included people who required a modified diet or thickened fluids.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and provider worked with other agencies and professionals to ensure people received good care. We noted, where appropriate, information was shared with other agencies.
- Where people required support from other professionals, this was arranged and staff followed any

guidance provided. A health care professional said, "The home works really well with us. They are on top of issues, always call on us appropriately and follow our advice and guidance."

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

- The home is an old traditional building that has been adapted around people's needs. The home was homely and people could decorate their bedrooms with their personal items including photographs and ornaments. The communal lounge and dining areas were bright and spacious. There was an outside space and during the inspection some people were seen there reading newspapers and drinking tea.
- Some people who used the service had a physical disability and consideration had been made around this with the availability of specialised equipment around the home. This included a specialised stair lift to help mobilise between the two floors.
- People looked relaxed and comfortable in the environment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy. Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or the emergency services in an emergency.
- Records showed the service worked with other agencies to promote people's health such as occupational therapists and specialist nurses.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us most people who lived at the home did not have capacity to make their own decisions in relation to complex issues such as those relating to finances and activities in the community. The registered manager had completed mental capacity assessment forms during people's needs and support assessments to find out whether or not they had capacity to make decisions related to their care and treatment.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- At the time of the inspection no one was being deprived of their liberty. The registered manager said that if there were concerns about whether people's liberty may need to be restricted, the service would work with the local authority and any authorised people such as a next of kin to ensure decisions made on behalf of people were lawful and in their best interest.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. We observed people to be treated with kindness. People and their relatives were positive about staff's caring attitude. One person said, "There's nothing bad. I like living here." A relative said, ""The staff are very friendly. I feel it's like a partnership."
- Each person had their history recorded in care plans which staff used to get to know people and to build positive relationships. We observed positive interactions between people, relatives and staff.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person's relative said, "They've got such a good understanding of my relative's needs."

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

- People were supported to make decisions about their care. Where needed, staff sought external professional help to support decision making for people. For example, the service had access to advocacy services. This can help when a person needs an independent voice and relatives may be unavailable.
- People were afforded choice and control in their day to day lives. One person said, "We have a choice in the thing we do and have a say in it all."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported and provided for by staff treating people well and having an understanding of their needs. When speaking with staff, they showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- A relative told us there was always staff available to speak with them about their family member. Another said, "Staff and management just seem to have the patience all the time and they're always considerate."
- Confidential documents were locked away with only appropriate staff having access to them. A relative said, "I can talk to staff and the manager about anything including sensitive issues and know that they will do the right thing."

Is the service responsive?

Our findings

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was person-centred and reflected people's needs. The theme of feedback we received was that the service and carers were passionate about meeting people's needs, providing a good service to people and changing people's lives. One relative told us, "It really is a lovely place. Being smaller and having nice staff makes such a difference. The people here rely on them and staff meet their individual needs."
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One member of staff said, "We all try to provide that 'personal touch' and know our residents well."
- Where appropriate, people's relatives were involved with people in making choices and were consulted around care planning and reviews. One relative said, "I am regularly consulted about my relative's care because they do forget things and want me to have a degree of control on some of the more technical matters."
- Reasonable adjustments were made to meet people's information and communication needs, as required by the Accessible Information Standard. This included providing important documentation in accessible formats including easy to read and braille. This standard was introduced in 2016. Social and health care organisations must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.
- People had access to planned activities most days of the week. Each person was provided with a planned activity schedule at the start of each week and we noted that the schedule for the summer of 2019 included parties, trips to the seaside, crafts, church services, sing-a-longs with a professional entertainer and dancing. One person said, "We had a trip to Bury Market on a steam train. It was a magic day. It was really well-organised with lovely food and drink all day."
- People were supported to maintain and develop relationships with those close to them, including family members and friends in the community. A local vicar said, "The home is at the heart of the town and is an important community facility. Residents are supported to access the community and keep their community relationships active."
- The service used technology to improve the lives of people. For example, we noted the service used a telecommunications system which allows healthcare professionals access to people remotely so that an early diagnosis of a condition or concern can be provided.

Improving care quality in response to complaints or concerns

- The registered manager and provider responded to people's concerns and suggestions. For example, some people wanted more traditional food at meal times such as roast potatoes and the menu was changed to reflect this observation.
- People's relatives knew how to raise a concern or provide feedback about their relative's experiences of

care and the service. They said they felt these would be listened to and acted upon in an open and transparent way. One said, "I know how to and I certainly would complain if I needed to but there's been no need."

- The service had not received a complaint since the last inspection in 2016.

End of life care and support

- The service had a policy about end of life care. This incorporated extensive involvement with family members and local GPs.
- Policy supported that consideration towards people who may be at the end of life were to be escalated to health care professionals and relatives. We noted that staff and the registered manager were encouraged to sensitively engage with relatives and health care professionals on this area.
- Staff members had completed training in end of life care and support.

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.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was committed to provide a person-centred and high-quality care approach by engaging with everyone using the service, their relatives and health care professionals. The registered manager and staff also planned and promoted holistic, person-centred, high-quality care and good outcomes for people.
- There was an openness and transparency about the way the service was run to enhance the care and support that was provided. For example, we saw that the registered managers, provider and senior staff encouraged feedback from people and relatives throughout their involvement with them and acted on it to improve outcomes for people.

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 that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- Records relating to the care and support of people who used the service were accurate, up to date and complete. Where issues were found, such as when there had been a recording error on a medicine's chart, all relevant people were involved in the issue and any apologies were provided.
- Comprehensive policies and procedures were available to support staff in care delivery.

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

- There was effective management oversight in the service and the registered manager, provider and staff understood their roles, and the importance of quality performance which included adherence to people's support and risks assessments.
- The service had complied with regulatory requirements such as submitting formal notifications. This meant CQC had the opportunity of monitoring situations whilst a safety concern was under consideration by the local authority.
- There was an on-call system that provided support to people and staff.

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

characteristics

- There was a positive culture of engaging staff, people using the service and their relatives in order to provide care that promoted positive outcomes and support. All the people, relatives and healthcare professionals we spoke with told us that management were approachable.
- Staff members we spoke with were complimentary about the registered manager and provider and said that they were approachable and supportive. They also said they believed they had an important role in the service.
- Records we looked at showed that regular staff meetings were being held. Meetings for people who used the service were conducted and records of these were also available.
- The service had received thank you cards which contained numerous positive comments from family members about the service and staff members.

Continuous learning and improving care

- There was an emphasis on continuous learning and development within the service. Quality assurance processes and systems were in place and when they identified issues such as environmental matters, action was taken. In one case, we noted that following staff raising a potential safety concern, the provider had fitted a lock to an area of the home that people may have been able to access at night and handled equipment that could have caused harm.
- We noted that the registered manager and provider discussed with staff areas of improvement at team meetings.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services, religious leaders community leaders and local schools to enhance the lives, health and activities available to people.
- Records noted regular involvement of GPs, specialist nurses and social care professionals. A relative said, "Before my relative moved in we talked to a lot of people about what to do. The home, GP and district nurses worked together and my relative is now far better off. I am very positive about The Lindens."