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Lindenwood Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Lindenwood Residential Care Home (Lindenwood) on 5 and 6 May 2016 and the first day of our inspection was unannounced. The home provides accommodation and personal care for up to 16 people. Lindenwood is located in the New Moston area of Manchester. The home has 13 bedrooms and can accommodate up to 16 people. At the time of this inspection, there were 16 people living there.

The home is decorated in a comfortable and homely manner. The bedrooms are spacious and well presented. There is a large lounge and a dining room on the ground floor; most of the people living at Lindenwood. The home also has well maintained outdoor spaces including a large accessible garden with several seating areas.

We last inspected Lindenwood Residential Care Home in November 2014. At that time, we rated the service as Inadequate. This was because there were several breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010. The breaches were in relation to safe staffing levels, safe recruitment of care staff, safe and effective person-centred care, need for consent, and complaints. At this inspection we checked to see if improvements had been made in all the areas we identified. We found that whilst some issues had been addressed either fully or partially, others had not and remained outstanding.

The service had not had a manager who had been registered with the Care Quality Commission (CQC) since the end of March 2016. A manager had been recruited and was presently applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found breaches of regulations. You can see what action we have told the provider to take at the back of the report.

People and their relatives told us Lindenwood provided a safe and friendly environment in which to live. We saw that all staff had been trained in safeguarding principles. When we spoke with them they told us they knew what to do if they saw abuse occurring. We saw evidence of this when a previous safeguarding incident had occurred.

We found that risk assessments were not always in place and, when they were, they did not have sufficient and specific details to guide staff to support people safely. We did not see any personal emergency evacuation plans in place. We were told that these were being updated. We found examples of poor practice regarding the storage of prescribed 'thickener' medicines and the lack of information for people with special diets such as diabetic meals. Thickener medicines are added to drinks, and sometimes to food, for people who have difficulty swallowing;

Staffing levels had improved slightly since the previous inspection. However, we found at certain times during the day there was not always enough staff to effectively attend to everyone's needs. We saw that the care home had recruited two new care workers but another worker had recently left the service. The manager told us they had advertised online and we saw they had received several applications.

The service had safe recruitment procedures in place and we were satisfied that all necessary criminal records and reference checks had been done to ensure that care staff were fit for the job they were recruited to do.

The CQC had not been notified of all safeguarding incidents that had occurred at the home.

We saw that medicines administration was safe and that staff had been appropriately trained. The home kept a locked medicines fridge which was monitored satisfactorily. There was a generic policy in place for medicines administration and this included the administration of covert and 'as needed' (or PRN) medicines, but there were no PRN protocols to help guide staff in administering this type of medicine.

We observed that the home was clean and well maintained with no malodorous smells. We did not see any evidence that Lindenwood did its own infection control audits or spot checks. We saw staff observing good hygiene practices, for example wearing aprons and gloves. We noted that the local authority had done an infection control audit in March 2015 and that there were several areas the home had not yet actioned.

We looked at the service's maintenance and safety records and were satisfied that all checks had been done and these were up to date.

The service did not always work within the principles of the Mental Capacity Act 2005 (MCA). The service did not undertake assessments on people known or suspected to lack mental capacity to consent to care and treatment. There seemed to be a lack of knowledge and understanding about the impact this legislation could have on people's consent to care and support. Applications under the Deprivation of Liberty Safeguards had been made.

People told us they had confidence in their care workers' abilities. We saw that mandatory training had been done. This included health and safety and moving and handling. We saw that staff training was ongoing but that for most staff several areas of their mandatory training were now due for an update. Staff had recently had supervision with the manager and we saw that supervisions and an annual appraisal had been scheduled up to December 2016.

People were supported to eat and drink healthily at the care home. We observed that meals were freshly prepared and that people were always offered a variety of options.

People's access to health care professionals was good. We noted that the owner ensured that people received the right care at the right time. During our visit, a speech and language therapist was visiting and they said that the home was very proactive in making referrals.

People told us they felt cared for and treated well at the home. They commended staff and the owner. We witnessed several caring interactions between people and the care staff and the owner throughout our inspection. People told us they were treated with dignity and respect and we saw examples of this while we were there.

We saw that people's views were sought when they attended a residents' meeting held in April 2016. People

were kept informed of developments at the home such as new staff being recruited and they were able to give their opinions on what could be improved. The manager was hoping to enlist the help of a neighbourhood group to provide advocacy services, if needed.

Person-centred plans were not yet fully embedded at the service. The manager told us that they were in the process of updating these. This meant that we could not be sure that staff would know what was important to a person and be able to support them appropriately.

There were few structured activities or recreation offered at the home. Several people told us they were bored. We saw that staff sometimes asked people if they wanted to participate in sing-alongs but most times people either watched television or listened to music. We observed some people listening to their own music through headphones, doing colouring or chatting with others.

We saw that the service had a complaints policy in place and the complaints procedure was displayed in the main hallway. We noted that the service had not had many complaints but that a concern raised by a relative had been dealt with promptly and to their satisfaction.

People and their relatives told us they thought the care home to be a good one and that it was well run. We observed that the owner and the manager were very visible within the service.

Since the last inspection, the service had made some improvements and these were either fully or partially completed. However, in other areas, improvements were not made; this was evidenced by on-going breaches of the regulations identified within the report, such as quality assurance systems, staffing levels and rota management.

We saw there were appropriate policies and procedures in place to provide guidance and support to staff in performing their role effectively. However,

Staff meetings had been reinstated and we noted that staff morale seemed to be good. Staff were complimentary about the new manager, saying that they felt supported by them. Staff also told us that the owner was also very supportive.

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.

Risk assessments, when present, were not always detailed and specific. There were no personal evacuation plans in place. These documents were needed to help to protect people's health and well-being.

Though staffing levels had improved since our last visit, we found that staffing rotas were not always accurate and the service did not always demonstrate that it would ensure adequate cover for care staff who were absent from duty.

Suitable arrangements were in place to ensure the premises and equipment used by people was safe. However the service needed to conduct infection control regular audits and spot checks.

The service had made significant improvement in its administration of medicines but further work was required to ensure that this was safe at all times.

Requires Improvement



Is the service effective?

The service was not always effective.

People and their relatives found that the care workers were knowledgeable and performed well in their caring role.

There was a lack of knowledge and understanding about the Mental Capacity Act 2005 and obtaining consent for care and treatment.

The home had good liaison with health care professionals and ensured that people had access to the appropriate health care when needed.

People were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

Requires Improvement



Is the service caring?

Good



The service was caring.

People and their relatives told us that staff were kind and that they were well treated by the staff and management.

The atmosphere at the home was familial and we witnessed several friendly interactions between people and care staff.

People and their relatives were able to express their views and make suggestions about the care and support they received and had recently been involved in making suggestions for improvements.

Is the service responsive?

The service was not always responsive.

The complaints procedure had been improved since our last inspection. The service had not received any significant complaints and we were told that concerns raised had been dealt with promptly and appropriately.

Person-centred care plans were not in place though we saw evidence that these were currently being updated.

There was a lack of activities and recreation provided at the home to stimulate the people living there. We were told that the service intended to employ an activities coordinator.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Since the last inspection, the service had made improvements in some areas and these were either fully or partially completed. However, in other areas, improvements were not made; this was evidenced by on-going breaches of the regulations identified within the report.

There was a manager in place and we saw they were in the process of registering with the Care Quality Commission.

People, their relatives and health care professionals were complimentary about the management and staff at the service, saying that they were efficient and helpful.

Incidents and accidents and safeguarding referrals had not been consistently reported to the Care Quality Commission.

Inadequate ●

The service did not have any quality assurance and audit systems in place to monitor the care and support provided. This meant that the manager and owner had no effective way of knowing that the care provided was always of a good standard.

Lindenwood Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 5 and 6 May 2016 and was unannounced. The inspection team consisted of two inspectors 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. The expert by experience was a person who had experience of caring for a family member who used residential care services.

Before the inspection, the provider completed 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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the contract officer of Manchester City Council for information about the council's recent monitoring visits. They told us they had concerns about the lack of internal audits being undertaken. We also contacted Manchester Healthwatch but they did not have any information on this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. We also reviewed information sent to us by the clinical lead for public health at Manchester City Council; their infection control audit had been carried out in March 2015.

During our inspection we looked around the building and observed mealtimes and interaction between staff and people living in the home. We carried out an observation known as a Short Observational Framework

for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who cannot easily express their views to us.

We spoke with eight people and three relatives who were visiting, the newly appointed manager, the owner of the home, the cook, and three care staff. We observed the way people were supported in communal areas and looked at records relating to the service including three care records and daily record notes, medication administration records (MARs), three staff recruitment files, training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people if they felt Lindenwood was a safe environment to live in. People told us they felt safe there and that they felt safe with the staff caring for and supporting them. People said, "I know there is someone for me if I need them in the night", "I feel safer here than in my flat", "I feel safe and don't have to worry" and "There are always staff around."

We also spoke with people's relatives and asked if they felt their family members received safe and effective care and support. They all told us that they thought the home was a safe environment. One relative said, "My (relative) is safe and settled here."

We looked at three people's care plans to see if any risk assessment had been done in relation to the care and support they received. In one person's care file, we saw a risk assessment form dated July 2015 for sun blisters and that the person should be offered drinks when the weather was hot. We did not see any review of this assessment. Also, we noted that in February 2016 this person had been diagnosed with dehydration but we did not see any evidence that their fluid intake had been monitored. Therefore we could not be sure that the service had done everything possible to ensure the person's health and wellbeing had been maintained. In another person's care file, we could not find any risk assessments. When we asked about this, we were given a 'new style' care plan, printed that day, which contained an up-to-date falls risk assessment. We were told that the service was in the process of updating people's risk assessments. Risk assessments help to keep people safe by providing specific and detailed guidance to care workers making sure they provide appropriate and safe care and support to people.

We asked the manager if the service held personal emergency evacuation plans (PEEPs) detailing the individual needs of people. These would help to ensure that in the event of an emergency, such as a fire, people would be safely removed from the premises. We were told that these were also being updated. One care worker we spoke to said that "staff are not aware of this (PEEPs) but I think it is important."

The lack of complete and up to date risk assessments and PEEPs was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, reference to 12(2)(a) and 12(2)(b). This was because people's safety was potentially being compromised.

People told us that staff responded quickly to their requests and they were not kept waiting long for assistance. At our last inspection, we identified that sufficient numbers of staff were not always available to meet people's needs in a timely manner. During this inspection we looked to see what improvements had been made. We also spoke with the manager and looked at staff rotas.

We asked the manager and the owner about the current level of staffing. We were told that there were 14 staff members consisting of one manager, two deputy managers and 11 care staff. We asked about agency staff and whether the home used them. We were told that agency staff were used to cover staff absences.

The manager and the owner both told us that recruitment was a concern, that they were currently recruiting

and had had several interviews in the last month. We were told that the service had recruited two new care workers and that a long-standing staff member had recently left the service due to personal reasons. We saw evidence that the service had been actively recruiting by advertising its vacancies online and had received several applications.

At the last inspection we found that the service did not always have sufficient staff deployed to help ensure that safe care was delivered. For example, we found that only two staff were on duty from 4pm to 9pm. At this inspection, the manager told us they had improved on this and that they used a pattern of three staff on shift in the morning, another three staff on shift in the afternoon and two staff on shift at night. However, when we arrived on the first morning of the inspection, we saw there were only two care staff on shift. We looked at the rota for the last three weeks including the first day of our inspection and there were three staff scheduled for both morning and afternoon periods. This meant that the rota was not an accurate record of current staffing levels. We asked about this and the owner told us that the third care worker was on annual leave but that they (the owner and the manager) were around so they were able to assist. We were able to confirm this was the case because when we arrived at 08:50 the manager was helping out upstairs. We interpreted this as confirmation that the service had not tried to get additional staff to cover this absence. Later on in the morning, we were told by one of the care workers on shift that there would have only been two care workers available during the morning since the third staff member was on annual leave and had not been replaced. Later on, we saw that two other staff members came into work during the morning shift. We noted the rotas did not show that it was usual to have four staff on shift at that time of day nor were these staff scheduled to be at the service at this time. This change appeared to have happened as a result of our visit.

We acknowledged from the rota patterns that staffing arrangements had improved since our last inspection. However the service did not demonstrate that it would seek appropriate cover for staff that were off duty. This meant they were potentially putting people at risk due to inadequate staffing levels. The failure to ensure that adequate levels of staff were deployed at the service at all times was an on-going breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we noted that there were no job applications in staff personnel files; this meant we did not see evidence of previous employment. Also we saw a record of references received but the actual references were not on file. At this inspection, we checked to see what improvements the service had made regarding safe recruitment of care staff. We looked at a file of previous applicants and the personnel files of the two recently recruited staff. We noted that the service held four original Disclosure and Barring Service (DBS) certificates from unsuccessful applicants and raised this with the manager, indicating these documents should be returned to the applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions or cautions noted against the applicant. These checks provide assurance that the staff employed are suitably qualified and fit to work with vulnerable people. We were satisfied that the necessary documentation (such as a completed application form, interview notes, and previous employment references) was in place and that the relevant checks were done prior to prospective staff being employed.

We spoke with three staff members who were able to demonstrate their knowledge and understanding of safeguarding principles, identify types of abuse and advise people about how to report anything they thought might be abuse. They told us that they would report any safeguarding concerns they had to the manager or the owner. We reviewed the service's training matrix which indicated that all staff were up to date with safeguarding training.

Before this inspection, we checked our records of safeguarding incidents that had been reported to the CQC

We had not received any statutory notifications or safeguarding referrals from Lindenwood; however we were informed of two incidents that had not been reported to the CQC. In March 2016, we received an email from the previous registered manager informing us of a safeguarding referral that had been made by the district nursing team. We were told that the incident had been investigated and resolved appropriately. At that time, we reminded the registered manager that the service was obligated by law to notify the CQC of such incidents.

We learnt of the second incident from a record of the local authority's monitoring visit in September 2015. This was an allegation of abuse against a person living in the home. We noted that the incident took place shortly after our previous inspection in 2014 and that the staff member who had perpetrated the abuse had been taken to court and found guilty. At this inspection, we asked the manager and the owner about this incident and for any records of it. From these records, we saw that the service had appropriately ensured the person's safety, had informed the local authority and the police, and a full investigation had been undertaken. The staff member had been dismissed from the service.

The failure to report these safeguarding incidents was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We observed medication being administered; medicine was administered to one person at a time. We noted that the care worker ensured the medicines trolley was locked before moving away to give people their medication. We observed that they told the person what the medication was and stayed until the person had taken it. We heard them say to one person, "I have to wait until you take them." We also saw that the care worker recorded the medication taken on each person's medication administration record (MAR) immediately. We saw from the records we checked that the ordering and stock counts of medicines were done appropriately.

The home kept a medicine fridge which was locked. We were told that staff on the medication round had a key and a key was also kept in the office. We noted that the fridge temperature was checked daily; a record of this was kept on the fridge and was signed by the staff member who did the check.

In the kitchen, we found several containers of prescribed 'thickener' medicines for two people who no longer lived at the home. Thickener medicines are added to drinks, and sometimes to food, for people who have difficulty swallowing; they may help to prevent a person from choking. We pointed this out to the manager and the owner and they assured us they would have them returned to the pharmacy.

We noted that there was a generic policy in place for medicine management which included the administration of PRN (when required) and covert medicines. However, we noted there were no PRN protocols in place. We asked the care worker administering medication how they would know when to give a person PRN medicines. They replied, "We would use our judgement." PRN protocols provide guidance to staff on when and how to safely administer medicine that is not given as a regular daily dose or at specific times.

Proper disposal of medicines and the lack of protocols to help staff administer PRN medicines were a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with reference to 12(2)g.

We noted that no one was currently receiving their medicines covertly.

The registered manager told us and we saw from a recent email that the pharmacy that delivered medicines

was due to conduct its annual audit. After our inspection visit, we contacted the pharmacist who confirmed the audit had taken place. They told us they were satisfied with how the home managed the medicines delivered to them. They also said they were working with the home to develop more detailed and specific policies and procedures around medicine management. This should help the home make further improvements on how it stored and managed medicines.

We asked the care worker who was administering medication about training in medicine administration. They told us they had done an online refresher course in December 2015 and that three colleagues would be attending an advanced medicines training course the following day which other staff who administered medicines would be expected to complete as well. When we spoke with the manager they confirmed that this was the case. After inspection we looked at the record of standard medicines training done and we saw that most of the staff were up to date with this training, with the others scheduled for a refresher course.

We observed that the home was kept clean and well maintained, and free from malodorous smells. However, we noted that the yellow clinical waste bin located in the courtyard at the side of the premises was not locked and it was full. Department of Health guidance states that "where the waste is stored for any period (that is, up to 24 hours), it should be stored securely and access should be restricted to authorised and trained personnel."

We did not see any evidence of infection control audits or spot checks being done by the service. We saw that the local authority had done an infection control audit in March 2015. The service's overall audit score was 80 percent or an "amber" rating, an improvement on their previous rating which was "red". We saw that only one action had been done and this related to updating staff training in Infection Control. We noted that the other actions arising from this audit were still outstanding. We spoke to the manager about this and they told us they were in the process of setting up systems to ensure regular infection control checks were done. We saw that staff observed good hygiene practices, for example wearing aprons and gloves, when giving personal care and handling food.

The home had a small laundry room which was equipped with a washing machine, a dryer and irons. There was a clear system in place to keep soiled items separate from the clean ones. We saw that there were separate storage containers for people's clothes, small items, bedding and towels. We looked at the toilets and bathroom and found that these were clean and tidy.

Maintenance and safety records showed that checks took place to ensure the environment and equipment was safe. For example, maintenance and servicing records were kept up to date for the premises, including fire equipment and the fire alarm system, emergency lighting and the lift. We saw that the service had accepted a quote in April 2016 to have a legionella risk assessment done. This should ensure that the service identifies and manages any risk of exposure to legionella bacteria that could potentially affect people's health and wellbeing.

We saw that the service maintained an accident record book. We noted that logged incidents such as falls and actions taken as a result, were fairly detailed. We saw that no serious injuries had been reported for the period August 2014 to April 2016.

Is the service effective?

Our findings

People we spoke with told us that the staff were knowledgeable and performed well in their caring role. Some of the comments they made included, "They (care staff) understand when I need my medicines and how I like to take them." One relative told us they credited their relation settling in well at the home to the staff's skill and understanding, and the owner's support. From the residents' meeting minutes we reviewed we saw that people felt that the care staff were very good and they felt well looked after.

At the previous inspection we found that Lindenwood was not working within the principles of the Mental Capacity Act 2005 (MCA) and we found instances where people's consent to care forms had not been signed or had been completed by a relative without the appropriate authorisation such as lasting power of attorney. 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.

We checked to see what improvements had been made. We did not see documentary evidence that people had given their consent to care they were receiving at Lindenwood. In one care plan, we saw a note at the front saying "consent to care form needed". This meant that potentially people were receiving care or support where consent had not been obtained in the appropriate way. The service was still in breach of Regulation 11(1) and 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw in one person's care records, a note about their mental health and cognition. However we did not see that a mental capacity assessment had been done. We asked if the care home did its own capacity assessments. The manager told us they preferred "professionals" to do this. No capacity assessments had been completed by the care home staff. We pointed out that care home staff, in the context of providing care and support, were qualified to make these assessments. This demonstrated a lack of knowledge and understanding around MCA even though from their training records most staff had received training in MCA. There was one staff member who had not received any training and two others were overdue for refresher training in MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager told us that the home had submitted seven DoLS applications, six of these had been sent through in April 2016. We were told five of these people were assessed in early May 2016 and that three of them were deemed to have capacity. At the time of the inspection, the manager did not yet know if these two applications for DoLS had been granted. We reminded the manager that they needed to notify the CQC when an application was either granted or refused.

We asked about the induction process of new care staff at Lindenwood. The manager described the induction which included a tour of the premises, meeting the people living there and mandatory training such as health and safety, COSHH (control of substances hazardous to health), fire safety, and moving and handling, which had to be completed before they started their role. The manager told us the induction needed to be more detailed and that in future they would be using the Care Certificate to induct all new care staff. At this inspection, we did not see any evidence of how the service was going to deliver this training. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers; its objective is to develop the values, behaviours and skills care workers need to provide high quality and compassionate care.

The manager and the owner told us that staff training was on-going. We were told that care workers received training in both classroom and online formats. We saw from the updated training matrix we received there were areas of mandatory training, for example moving and handling and basic life support in which staff required updating. This training should help to ensure that staff have the necessary knowledge and skills needed to support people safely and effectively. These gaps in staff training and development were a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us staff had recently (the day before) attended refresher training in Infection Control and Food Hygiene. We spoke with two care workers who confirmed this. The manager also told us that staff training in advanced medicine management had been arranged. We will check at our next inspection to see how training has been progressed.

At the previous inspection we found that staff supervisions were inconsistent and we were unsure if staff had had an annual appraisal. We asked the manager about this and they told us they had just resumed staff supervisions. They said they envisaged doing six supervisions and one appraisal each year. The staff supervision matrix we looked at supported this. We asked about the manager's own supervision and appraisal needs. They told us they would be supervised by the previous registered manager; an arrangement the owner had approved. We were satisfied that efforts had been made to ensure staff's professional development needs were being met. We will check this at our next inspection to make sure this practice has continued.

The overall impression from the people we spoke with was that the food at Lindenwood was plentiful and varied. One person told us, "We always have a nice dinner and choice at breakfast." From the menu card in the dining area, we saw that people were given a choice of meals and healthy options. We also saw a bowl of fresh fruit in the dining area that residents could help themselves to if they chose.

We spoke with the cook and they told us all the meals were freshly prepared. We were able to see that this was the case as the cook got on with preparing lunch. We asked them if anyone required special dietary considerations, for example, meals suitable for diabetics. The cook was able to tell us of people's special dietary needs and those who required prescribed thickener medicines.

We asked about menus and we were told that menus had improved and were updated regularly in consultation with the people living there. We saw from a recent residents' meeting that people had been asked their opinion about the food. People told us they would always be offered an alternative if they did not want what was on the menu. This meant that people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

At meal times, we observed people either chose to go into the dining room or stayed in the lounge to have their meals. We heard staff ask people who needed assistance where they wanted to have their meals. However, we noted that staff did not always offer this choice to everyone. One person made this comment in

the recent Residents/Relatives satisfaction survey sent out.

Throughout the day we observed that people were offered a choice of hot or cold drinks. We saw that care staff knew and acted upon people's needs and wishes. One person told us they liked lots of water to drink and we observed that a care worker was aware of this need by saying this to the person and also providing them with a jug of water.

We saw that a food hygiene inspection had been done in January 2016 and that the home had been rated a '5', the highest award.

We asked the manager and the owner about people's access to health care. We were told that most residents were registered with a local GP surgery but the home supported those people who preferred to remain with their own GPs outside of the home's area. We asked how this was facilitated and the manager told us that the GPs visited people at the home. This had been done in consultation with people and their family members. We saw the service kept records of visits from health care professionals in people's daily care files. However, we noted that some people had separate health care professional files (such as for district nurses) which the health care professional completed. We were told by the owner and we saw from people's care files that Lindenwood pre-booked visits for people from podiatrists and occupational therapists. During our inspection, we spoke with a visiting speech and language therapist (SALT) from one of Manchester's hospitals. The SALT said there was a good liaison with Lindenwood and that the home referred people appropriately and promptly. Staff we spoke with also said that they would usually let management know if a person needed a healthcare professional but that they would arrange the appointment if management were unavailable. This showed that management and care workers were proactive in making sure people received the right health care when they needed to.

Is the service caring?

Our findings

All the people we spoke with told us they felt cared for and treated well. They told us they liked all the staff and the owner. One person said, "Staff are kind and care for me." Another person said, "They give me a choice of staying in my room, going in the garden and if I want to eat my meals in the dining room or elsewhere." A third person told us, "I feel lucky to get the attention I do." When asked about the care at Lindenwood, one relative gave us the "two thumbs up" sign and said, "I am very happy with the care here." Another relative said, "I can't find any fault with my [relative's] care."

Throughout the days that we inspected, we witnessed several caring and friendly interactions between people and the care staff and the owner. We saw that staff were polite and attentive to people. For example, one person wanted to sit out in the garden but needed help to get there; we observed the care staff helping them from their chair with consideration and escorting them to the garden in an unrushed manner; the staff member sat with the person. Several times during the day we saw the owner also engaging with various people who were sitting in the lounge and outside in the garden.

Staff we spoke with were able to tell us about the people that lived at Lindenwood. They demonstrated good knowledge of people's preferences and dislikes and could tell us about people's lives prior to them living at the care home.

The owner told us that Lindenwood considered and accommodated people's spiritual needs and wellbeing. We were told that a Roman Catholic priest attended the home to give communion to those people who wanted this.

We saw minutes of a recent residents' meeting held in April 2016 which gave people and their relatives the opportunity to share their views about various aspects of the service. The manager told us these had been restarted and they hoped to have them every one to two months. We noted that discussions involved the introduction of a key worker system, recruitment of new care staff, staff training, and menu planning. In the minutes we saw that one person wanted to be involved in the upcoming interview of new care staff. When we spoke to the manager, they confirmed that the person had attended the interview and that it had gone well. We saw that for some of the concerns raised by people, actions to address these had been documented. We saw that people at the service had made several suggestions for activities such as quizzes, bingo, walks in the summer, and going out.

We observed that care staff were kind and treated people in a respectful and dignified way. We saw this when staff supported people to the toilet, the dining area and the garden. For example, we observed a person being assisted out of a chair into their wheelchair. Throughout the move we heard the care staff using the person's preferred name and explaining what they were doing. We noted staff assisted the person at their own pace and constantly checked their welfare. We also saw how staff supported people who were visually impaired, gently touching them and saying their name, and letting them know who was speaking to them and how they were going to support them.

This showed us staff understood the importance of taking time to involve the person and promote their independence.

From the service's PIR, we read that the home had been awarded the Dignity Daisy award by the local authority. This award is presented in recognition of the home's commitment to upholding the independence, choice and dignity of the people they support. We contacted the local authority's dignity in care lead officer who told us that the award had been given in February 2010 and it was due to be reviewed.

Also on the PIR, the service told us that people's care plan contained their advanced care preferences in relation to how they wanted to be treated at the end of their life. We did not see any specific evidence to support this. However in one care plan, we did see that the person's end of life wishes had been recorded. This included burial arrangements.

Is the service responsive?

Our findings

People we spoke with told us they felt the care staff knew them well and knew what their individual needs were. For example, how they took their medicines and knowing what drinks they preferred. One person said, "I can't complain about anything but I would do if there was." Another person said, "I feel I get all the attention I need" and a third person told us, "There are always staff around to help me." People living at Lindenwood said that they were supported to maintain good contact with their relatives and friends.

In our discussions with the manager, deputy manager and the owner about care plans, we were told that these were currently being updated. This meant that some people had 'old version' care plans and others had been updated to a newer version. We were told that the 'new' care plans adopted a person centred approach. We looked at care plans for six people. Four 'new' care plans we looked at contained photographs of the person. However the personal profile page had not been completed. As such, we did not see any personal histories, people's likes and dislikes, or their interests. We found that the care plans were not person centred and focussed more on the daily tasks that were required. We also found gaps and inconsistencies in what was documented in care plans. For example, in one person's district nurses' file it said that they should be repositioned every two hours to avoid the risk of pressure sores. We checked the person's care plan and did not see evidence that the person was being repositioned. Because of these issues, we could not be certain that care staff would know what was important to people and be able to support them appropriately.

Two of the care plans we asked for had not been readily available but were printed upon our request. We asked about this and we were told that these people had only recently come to the home. However we saw from their records that they had arrived in February 2016. This meant that not all care staff would have had access to these files since they were not located in the secured cabinet with the other care plans and daily records.

The manager told us people had been involved in their care planning but we were unable to validate this since care plans had no signatures or any other indication that people had actually participated.

Overall, we were not confident that the current care plans were comprehensive enough and gave clear and specific information to ensure staff knew how best to support people's individual needs. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Compared with the last time we inspected this service, we noted that little had changed in the provision of activities and recreation for people living at Lindenwood. Many people we spoke with during the inspection confirmed this. On the first day we arrived the television was on in the morning. At mid-morning, we observed care staff asking people if they wanted to listen to music. We observed two people decided to sit in the garden and enjoy the sunshine. We spoke with one of them who told us that they were a bit bored and would have liked to 'get out' on day trips.

Two people we spoke with told us they liked doing puzzles, colouring, and reading and that staff

encouraged them in these activities. Two people told us they enjoyed singing but that this was not an organised activity. However during the afternoon we saw that a staff member did try to encourage people sitting in the lounge to join in a sing along session.

We saw that several people had made suggestions for future activities at the residents/relatives meeting in April 2016, for example, live entertainment such as singers and gentle chair exercises. Comments from the recent satisfaction survey about activities included "There does need to be more in the way of activities and entertainment as a means of stimulation."

The lack of meaningful activities and recreation to provide stimulation and community involvement to people was a breach of Regulation 9 (a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they were planning to employ an activities coordinator and that an advertisement would go out shortly. They said that current activities were usually sing alongs and hand care done by the staff. Staff we spoke with said that activities was one of the main areas that needed improvement. They felt that activities were really lacking and that people were very bored, 'just sitting around all day with nothing to do'. One care worker told us, "(We) try to do our bit...encouraging sing alongs and dancing for those who want to and can." The manager also told us that they would be enlisting the support of a community organisation to improve people's involvement within the local community.

At the last inspection, we found that the care home did not have appropriate policy and procedures in place for dealing with people's complaints about the service. At this inspection, we checked to see if the service had made any improvements. We saw the service's complaints procedure was displayed in the main hallway. We checked and we saw that there was an updated complaints policy on file. We asked people if they knew how to make a complaint if they wished to. They told us they knew how to make a complaint and would not be afraid to do so if required. One relative told us they had raised a concern verbally about their relation and that the matter had been resolved promptly and to their satisfaction.

The manager told us that they had recently sent out a Residents/Relatives satisfaction survey. We were able to have a look at eight responses that had been returned to date. Overall, people were complimentary about the service and were able to raise any issues they had about the home and their care. These examples demonstrated that the service was actively providing opportunities for people and relatives to share their views and we saw that some actions had been taken to address concerns raised.

Is the service well-led?

Our findings

People living in the home, relatives and health care professionals told us how happy they were with the care being provided at the home. They were complimentary about the owner and the care staff. One person we spoke with told us "(The owner) is brilliant and so helpful." Another said, "It (Lindenwood) is so homely and run so well." A relative told us the owner "listens to any concern or worries I have." They told us the owner and the manager were always very helpful and this gave them reassurance that their relative's needs were being met. Another relative said, "The home, staff and management – they are lovely and very good." From the residents' meeting minutes we saw that two people commented, "It's a good home." People told us they liked the new manager. One person said, "[New manager's name] is very hands-on and very approachable." A relative completing the survey wrote the following comment, "No complaints as such...the home is just that 'a home'. Good food and excellent care."

A health care professional who was visiting during our inspection told us they commended the owner for accompanying people to hospital visits and staying with them while they were attended to.

At the last inspection we identified several areas for improvement that we asked the provider and manager to address. At this inspection we checked to see whether these had been done. We found that action had been taken in some areas and these were either fully or partially completed. However, other improvements had not yet been started as evidenced by the ongoing breaches of the regulations identified within this section and the entire report. This meant the provider and the manager had failed to comply with the requirements that had been identified.

We had been told by the previous registered manager that they would be leaving Lindenwood on 31 March 2016 but that a new manager would be recruited. This manager was in post when we inspected. We checked our records to see what progress had been made to register the manager. We noted that an application had been made but had been rejected due to errors on the forms. At inspection we spoke to the manager about their application and reminded them and the owner that having a registered manager is a condition of registration for this service. They assured us that they would chase up the application. After the inspection we checked our internal systems and we saw they were in the process of registering with the Care Quality Commission.

We spoke with the manager who had taken up their role about six weeks before this inspection. They told us they had several ideas to improve the day-to-day management of the home which they had already put into operation, for example, improving policy and procedures and operational forms, and having regular team meetings and supervisions and residents' and relatives' meetings. Records we reviewed confirmed these did occur. We asked about the challenges they faced in managing the service. The manager told us about the lack of uniform paperwork which they were in the process of rectifying, staff recruitment including the recruitment of an activities coordinator and developing a more person-centred approach within the service. They told us they were keen to get these issues resolved and improve how things were done at Lindenwood.

We saw that there were policies and procedures in place to give guidance and support to staff in performing

their caring role. Staff we spoke with told us they were aware of the service's policies and procedures and knew where they were kept.

We saw that the home had been involved with regional groups such as a regional dementia forum and a care home group in 2012 and 2011 respectively. We did not see any recent involvement with sector specific organisations. Such involvement could potentially help the service to keep up to date with good practice in the sector.

We asked the manager what quality assurance systems were in place, for example care plan and medication audits, spot checks, to monitor that the care and support provided was safe and effective. We were told that none had been done by the previous manager and the current manager was in the process of setting up quality assurance systems to monitor service provision. The lack of regular auditing and analysis of these findings meant that at present the manager and the owner did not have an effective way of knowing that the service people received was of a safe and good standard.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 17(1), 17(2)(a) and 17(2)(f).

We also found a lack of appropriate staff rota management in that rotas did not always give an accurate picture of staff presently on duty and the service did not always make suitable arrangements to ensure the running of the care home was not adversely affected. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 17(2)(d)(ii).

We noted that the service had not always notified the CQC of incidents and accidents (such as safeguarding incidents) that occurred. We spoke to the manager about this and they told us they were aware of this requirement. We acknowledged that the previous safeguarding incidents had occurred prior to this manager's appointment. However, we will check at our next inspection to ensure that the service has notified us appropriately.

At the last inspection we noted that staff morale had been affected by the lack of day to day management. We now observed that staff appeared relaxed and happy in their roles. The general consensus from staff was that they were happy with the new manager. One care worker said "things are better than they were. [New manager] is more hands-on than [previous manager] was." Staff we spoke with also said they felt supported and that they had "someone (they) could go to" with any concerns or issues regarding providing care or personal matters. Staff were also complimentary about the owner who they described as being 'very supportive'.

We looked at the service's records of staff meetings. We noted that staff meetings in 2015 were held every two months with the last one being done in December 2015. It is important that staff are given the opportunity to highlight and discuss service related matters with their colleagues and management. This helps to ensure the service continues to provide safe and effective care. We asked the manager if they had chaired any staff meetings since they started at Lindenwood. They told us the most recent one had been held in March 2016. Minutes we reviewed confirmed this meeting did take place and topics of discussion included communication, rotas, staffing levels and training.

The manager told us that they were keen to get people's views on the service provided in order to improve the service at Lindenwood. They told us they had recently distributed a user satisfaction survey to people and their relatives. At the time of our inspection not all the surveys had been returned so we could not see the collated results. However the feedback from the few surveys that had been returned was positive. We

saw that the service also got people's feedback via residents' meetings which had been reinstated.

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 18 Registration Regulations 2009 Notifications of other incidents The service failed to notify the CQC of safeguarding incidents that had occurred. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not person-centred and lacked detailed care info There was a lack of activities/recreation offered. Regulation 9(1)(a)(b)(c) Assessments did not contain specific needs and preferences relating to people's care/support Regulation 9(3)(a) Care plans did not specifically document people's preferences and show that people's specific needs were being met. Regulation 9(3)(b) No evidence to show that people were involved in making decisions about their care/support Regulation 9(3)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was no documentary evidence to support that people had consented to the care and

support they received.
Regulation 11 (1)(3)

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>Risk assessments were not consistently completed and were not reviewed. Regulation 12(2)(a)</p> <p>There were no personal evacuation plans in place to help ensure that people were safely removed from the premises and according to their specific needs. Regulation 12(2)(b)</p> <p>The service did not always dispose of medicines appropriately and there were no PRN (as required) medicines protocols in place to guide staff. Regulation 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service did not always ensure that appropriate cover for care staff who were absent from duty was sought. Regulation 18(1)</p> <p>There were gaps in staff training and development in areas of mandatory knowledge and skills. Regulation 18(2)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were no systems and processes in place to effectively monitor the quality of service provided Regulation 17(1)</p> <p>The service was not conducting any audits of their process such as spot checks of staff, medication audits. Regulation 17(2)(a)</p> <p>The service demonstrated poor management of how it scheduled care staff and accounting for absence. Regulation 17(2)(d)(ii)</p> <p>There were no evaluation systems in place to help the service improve and learn from gaps identified. Regulation 17(2)(f)</p>

The enforcement action we took:

Warning notice