Linden Care home (Derby) Limited

Linden House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 March 2017 and was unannounced.

Linden House is registered to provide accommodation with personal care for up to 16 older people. There were 15 people living in the service on the day of our inspection. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues and dementia.

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.

The service was last inspected on 16 and 17 November 2015, when they were rated as Requires Improvement. We asked the provider to send us an action plan to show how they intended to improve the service, and they did this. At this inspection, we found improvements had been made, and the service now met all requirements of the relevant regulations.

People's medicines were managed safely. There were procedures in place to ensure medicines were safely stored, administered and disposed of.

The provider had a system of ensuring new staff participated in an induction which included a period of shadowing an experienced staff member. New staff completed The Care Certificate as part of their induction.

The provider ensured staff received training relevant to their roles and responsibilities. Staff felt supported by other staff members. There were enough staff available to support and respond to people's needs in a timely manner. The provider had recruitment procedures in place and employed new staff once appropriate checks had been completed.

People's care plans and records were updated and provided staff with the information needed to meet people's needs. People and their relatives were happy with the care and support provided and everyone felt their individual needs were being met.

Staff and the provider were able to explain to us how they maintained people's safety and protected their rights. Training was provided in relation to The Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding. Appropriate referrals for authorisation to the DoLS team had taken place.

Staff supported people to maintain good health and have access to the appropriate health professional. People's nutritional needs were met; special dietary needs were catered for.

Staff knew people well and were aware of the importance of treating them with dignity and respect. Staff were kind, caring and compassionate; people's self-esteem and dignity was promoted and staff supported and encouraged them to remain as independent as possible.

People's care plans contained information to assist staff to meet their needs. People's individual care plans were reviewed to ensure they received the care and service they required. People felt listened to and said their individual needs were understood and met by staff. People were given information on what to do if they had any concerns or complaints.

The provider had processes in place for monitoring the quality of the service people received. There were clear arrangements for the day-to-day running of the service. The provider understood their role and responsibility for providing people with a safe and effective service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt the service was safe. Medicines were managed safely; records of medicines administered were complete. Pre-employment checks on staff had been completed prior to their employment. Sufficient staff were available to meet people's needs. Care plans and risk assessments were in place.

Is the service effective?

Good

The service was effective.

Where people lacked the capacity to make decisions, the staff followed the key principles of the Mental Capacity Act 2005 (MCA); applications had been made in relation to the Deprivation of Liberty Safeguards. People were supported by staff who had received training to meet their needs. People were supported by staff who had received training to meet their needs. People were supported to have access to healthcare professionals and services. People were provided with meals and drinks to suit their need, choice and preference.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate. People felt staff treated them fairly and provided choices in their daily routines and activities of daily living. People felt staff promoted their dignity and respected their privacy. People were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives were confident to raise concerns or make a complaint. People had opportunities to take part in a variety of activities; people's independence was supported and encouraged. Care records held information about people and included their personal preferences, likes and dislikes; a pre-

admission assessment was carried out to ensure people's needs could be met at the service.

Is the service well-led?

Good

The service was well-led.

The provider sought people's views and experiences and operated an inclusive approach and acted on comments and suggestions. The service was well led by the provider who was supportive and approachable; the staff team worked well together Systems and processes were in place to check on the quality and safety of the service; audits of the service were taking place to monitor and review the service.

Linden House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 23 March 2017. The inspection was unannounced. The inspection was carried out by one inspector 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.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We contacted the local authority commissioning team, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with six people who used the service, and two relatives. We also received feedback from a health professional. We spoke with four staff and the registered manager, who was also the provider. We looked at a range of records related to how the service was managed. These included three people's care records (including their medicine administration records), three staff recruitment and training files, and the provider's quality auditing system.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in November 2015, we found the provider had failed to ensure people using the service were safe. This was because the service did not follow current legislation and guidance in relation to the storage, dispensing and preparation of medicines and also the disposal and recording of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make. At this inspection we found improvements to the safety of people at the service had been made.

People's medicines were managed safely and in accordance with professional guidance. We looked at medicines opening and use by dates as this was a concern at our last inspection. We found staff had written on medicines such as eye ointments and creams when they had been opened, to ensure people received treatment which was in date and fit for purpose.

Staff who supported people with medicines, told us they had received training to ensure this was done safely. Staff were periodically observed when giving medicines, by the provider, to ensure they were competent and followed safe procedures. During our inspection one member of staff dropped a medicine; we saw them ensure it was safely disposed of and in a manner which followed the provider's procedure. We observed a medicines round and saw staff ensured they completed medicine administration record (MAR) after they administered each person's medicines. We reviewed MAR charts and found them to be fully completed and signed, without any unexplained gaps. This showed medicines records followed procedures as expected for the safe management of medicines.

People and relatives we spoke with felt staff safely looked after medicines. People and their relatives told us they were satisfied staff gave the correct medicines and they were on time. One relative described medicines as, "Recorded and well organised."

People told us the service provided them with a safe environment. People told us they were free to move around the ground floor; two people told us there was a stair lift for them to use to get up and down the stairs and when they used it they were supervised by a member of care staff. People had access to a secure garden; one person told us they were able to spend time outside in the good weather, which they liked to do. When asked if they thought the service was safe, a staff member said, "Safe? Yes I do think it is safe." They went on to say, "I have worked here for many years and I would not still be here if it was not safe."

Staff received training in how to protect and safeguard people from potential harm and abuse. One staff member said, "I am not scared to report any concerns; I know I can go down the whistleblowing policy. I would not hesitate." Another staff member said, "You have to do what you have to do; I know how to whistle blow." They continued and said, "We have to protect people we care for. We need to make sure people are safe."

The service had a policy and procedure for the staff to follow should they be concerned about a person's

welfare or safety. The provider was familiar with the process of contacting external authorities, such as the local authority and the Care Quality Commission (CQC), should they have any concerns regarding people's safety. The provider demonstrated to us they had a good understanding of their responsibilities in safeguarding people; they recognised the importance of being open and transparent.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences of similar incidents. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents. Where it had been identified people were at risk of falls, we saw staff had ensured prompt referrals had been made to professionals for advice in how best to support people. A healthcare professional confirmed staff referred people for assessment as and when required.

People told us there was sufficient staff to meet their needs; during our inspection visit we saw there were enough staff to provide the care and support people needed. One person told us there were two staff on duty at night and whenever they used, "The buzzer," during the night, the staff always responded very promptly. People, relatives and staff all confirmed staffing levels were sufficient to meet people's needs and our observations at our inspection supported this. A senior carer told us, "Enough staff – Yes, definitely." They went on to say, "[Provider] will get extra staff if it is needed." Another senior carer said, "[Provider] listened to us and we now have an additional staff – which helps. Never once have we needed to use agency staff." The provider told us they had met with staff and identified key times when an additional member of staff would be beneficial to support people's needs. We saw this additional staff member was available at the key and identified time. The provider reviewed people's care needs and adjusted staffing levels to ensure people received the care they required.

We saw and staff told us there was enough staff available to meet people's needs. The recruitment process ensured staff employed were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff told us potential new employees did not start working at the service until checks had been received from the Disclosure and Barring Service (DBS) and references had been returned. A review of staff recruitment records confirmed the appropriate pre-employment checks had been made.

Good

Is the service effective?

Our findings

At our last inspection in November 2015, we found the provider did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make. At this inspection we found improvements to the safety of people at the service had been made.

At this inspection we saw there was one person, who at times, received their medicine covertly, otherwise they would potentially refuse take it and general and mental health had the potential for decline. A plan was in place to guide how staff when and how to support the person to take their medicines. We saw the plan had been agreed with the persons relatives, doctor and specialist healthcare professionals.

Staff understood the need to obtain consent from people before they provided care. The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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.

The provider understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. 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).

When required, the provider had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The provider and staff understood the importance of acting in people's best interests and the key principles of the MCA. One member of staff said, "If someone has capacity, they are able to make their own decisions – if not then we need to make sure they are safe." Another member of staff said, "People are supported with decision making; at times people can make good and bad decisions."

A staff member was able to tell us which people had DoLS in place and explained, "A DoLS is in place to protect people and keep them safe; they are done individually." Another staff member said, "DoLS are there to protect people who are unable to understand why they live at Linden House. It is about keeping people safe, for their best interest." We saw documentation which supported applications for DoLS being made and reviewed, in a timely manner. We saw a best interest checklist was on display in the office, to prompt and remind staff of their obligations in relation to the MCA and DoLS. This meant the provider was working within the principles and requirements of DoLS and MCA.

Staff told us and records confirmed they participated in training deemed necessary by the provider. Staff were able to list a selection of courses they had attended, for example, safeguarding and medicines

administration. Staff told us they were supported and encouraged to participate in training. One staff member said, "I am doing a diploma (in care) at the moment." A healthcare professional told us they felt the staff were, "Well trained," and, knew people's needs.

New staff completed a period of induction and shadowing more experienced colleagues. We saw new staff also worked through the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills non regulated health and social care workers should consistently adhere to. The provider had a system in place which identified when staff were due refresher training. This showed us the provider recognised the need to ensure staff were provided with appropriate training to meet people's needs.

People told us the food offered at the service was good and a wide choice was available. On the day of our inspection visit we saw there were two meat and one vegetarian option for lunch. One relative told us prior to moving to the service their relative's weight had dropped. They continued and told us their relative had, "Put weight back on and was much healthier." Another relative said, "[Relative] loves the food." One person who preferred to eat in the lounge explained they had difficulty in swallowing and was awaiting hospital treatment. Their meal needed to be prepared to a specific consistency and they confirmed it was.

We saw staff understood and supported people who required a specialist diet. Care plans we looked at showed where it was necessary, people had been referred to health care professionals such as Speech and Language Therapists (SALT) for support and guidance. We saw changes to people's dietary requirements had been documented and passed on to the kitchen staff, to ensure people received meals prepared to the correct consistency.

People's nutritional needs were assessed and identified whether they were at risk of poor nutrition and dehydration. Where a risk was identified, food and fluid charts were used to record and monitor how much people ate and drank. Drinks were regularly offered and served throughout the day. For those people who needed more assistance a staff member sat beside them to assist them and dealt with only one person at a time. Mealtimes were person focused and people were supported to have sufficient to eat and drink which met their needs and preferences.

People and relatives told us there was good access to healthcare professionals. One person told us they were awaiting hospital treatment for a problem with their swallowing. This was confirmed by a staff member who was clearly fully aware of the person's medical condition and history. One relative told us when their family member attended hospital a member of staff accompanied them. They also told us their family member was supported by staff to attend an appointment at the eye clinic. Another relative told us the staff provided their family member with effective support when they had required hospital treatment following a fall. The relative told us staff had kept them informed of their family member's condition. The same relative told us the staff had arranged for a chiropodist, optician, and hearing specialist to visit their family member.

A health professional told us the staff were knowledgeable about people and their needs. They went on to say, "Staff communicate well." They went on to tell us the staff, "Adhere to people's care plans and take on board any advice given." This showed people were supported to maintain good health and had access to healthcare services and professionals when required. Care plans showed people had access and involvement from healthcare professionals at the time when it was required. People were supported to have access to healthcare professionals and received on-going healthcare support and monitoring.

Good

Is the service caring?

Our findings

People we spoke with were positive about the way staff treated them and the level of care they received at Linden House. One person said, "The staff are very kind; they are very nice." Another person said, "They [staff] are pretty good." A third said, "I like it here, I do - very much. I've no grumbles; they [staff] are smashing." A relative said, "I'd give it 11 out of 10. I am very pleased - I couldn't be happier." Another relative said, "It is a fabulous home; it's one of the best homes I've ever seen. I wouldn't have [relative] anywhere else." A healthcare professional described the service as having, "A nice family feel."

People and their relatives praised the staff and told us they had no concerns regarding the care and support being provided. People felt staff treated them fairly and provided choices in their daily routines and activities of daily living; we observed this to be the case. One person said, "Everyone is very good to me." Throughout the day, we saw staff being helpful, kind and compassionate. We saw and heard staff speak with and respond to people in a caring, considerate and respectful manner.

Staff were polite and addressed people by their preferred names. Conversations with people were not just task focused and we saw staff regularly check people's understood rather than just assuming they did. We saw staff knocked on people's doors and waited before entering. We saw people were dressed in clean clothing, which was appropriate for the time of year.

Several people needed help with dressing and other personal care and they told us staff were good in assisting. One relative told us their relative was, "Always well turned out, always clean and well groomed." Staff ensured people were dressed in a manner which maintained their dignity and promoted their self-esteem. For example, we saw one person had soiled part of their clothing when eating a meal. We saw a staff member discreetly engage with the person and offer them the opportunity to change into clean clothing. This showed the staff were aware of and promoted people's personal esteem.

People told us staff showed respect for their privacy and dignity; their right to a private and family life was respected by staff. We saw staff discussed people's care needs in a discreet manner. For example, we saw staff sensitively asked people if they needed to visit the toilet. People told us they were encouraged to remain as independent as possible. We noted people were encouraged to walk short distances from their bedroom or lounge, to the dining room. When someone was tiring, we saw the staff offered to get them a chair or to have a rest. One relative confirmed the staff supported their family member to remain as independent as possible.

Good

Is the service responsive?

Our findings

One relative told us they particularly liked the service because, "Everyone is treated as individuals." Staff spoke in a positive manner about the people they supported and cared for; they had taken time to get to know people's preferences and wishes. Staff had a good knowledge of people's care needs and this was demonstrated in their responses to people and recognition of when people required additional assistance. For example, at lunchtime we saw one person became upset and tearful. The staff quickly responded to the person and knew how to support and reassurance them to help alleviate their distress.

People who were able to, told us they received regular visits from friends and relatives. A relative told us they were encouraged to visit whenever they chose; they also told us they were supported to accompany their family member and take them out for lunch, coffee, or shopping. We also saw people had access to a telephone and were able to speak to their relatives from the comfort of their chairs. One person they spoke with family members by phone every day.

There were televisions in the lounges but people did not seem to be too interested and the sound was muted. Some people had their own televisions in their room; one person told us if there was anything particular they wanted to watch in the evening, they preferred to do so in their own room. Another person told us they used to watch a bit of television but had largely lost interest and preferred to socialise with other people who had the capacity to hold meaningful conversations. The local library visited so people could borrow books from them.

Although there was no dedicated activity coordinator, people told us they were provided quite a lot of activity. We saw there were times when external entertainers visited the service and people told us they enjoyed this. One person told us they participated in chair-based exercise once a week and a singer performed at the service regularly, which they enjoyed. A relative mentioned the singer and said their family member, "Particularly enjoyed the singing sessions." Another person told us the provider had organised for arts and crafts work and they showed us some decorated purses some people had made. They told us how much they enjoyed that type of activity. A relative confirmed how much their family member enjoyed taking part in the craft work. People told us how much they enjoyed the activities provided. There were opportunities for people to participate in a variety of activities.

Care records we looked at held information about people and included their personal preferences, likes and dislikes; we saw care plans included a document titled, "My Life", which staff have completed with the person and an appropriate family member. The document gave staff an insight into the person; their health, preferences and background. We saw staff regularly reviewed and updated people's care plans. A member of staff said, "I now take part in completing care plans and reviews." A relative told us the provider completed, "A home visit to assess [family member's] suitability for permanent residence." We saw documentation which showed prior to moving to Linden House, the provider carried out an assessment to ensure people's needs could be met at the service.

People told us they understood they could complain and raise concerns should they have any. Relatives we

spoke with told us they knew how to complain and who to complain to. We saw the provider had a complaints policy and procedure in place. Three complaints had been documented since our last inspection. We saw records which showed the provider had investigated each one and there were details of actions around the complaints and how they had been resolved. This demonstrated to us the provider had an effective complaints system in place.

Good

Is the service well-led?

Our findings

At our last inspection in November 2015 the provider's policies were not up to date and ineffective systems in place to assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make. At this inspection we found improvements to the safety of people at the service had been made.

We saw a variety of records required for the running and management of the service were maintained and safely stored. The provider and staff told us they carried out a number of checks and audits to ensure people were provided with a quality and safe service. Examples were audits of medicines and a number of checks carried out to ensure the environment was safe. For example, health and safety audits. The provider recognised the need to assess, evaluate and reduce potential risks relating to the health, safety and welfare of people.

The provider understood the need for continuous improvement and monitoring of the service they provided. We saw analysis of incidents and accidents took place. The provider looked for any emerging patterns or trends to help reduce the likelihood of such incidents happening again. The provider understood their role and responsibilities and sent us written notifications to inform us of important events that had taken place.

People's views and experiences were gathered by completing questionnaires designed to identify where the service was doing well and where it could improve. The outcomes of the questionnaires were positive. In addition, staff meetings took place and provided staff with opportunities to share views and work as a team. The provider sought people's views and experiences and operated an inclusive approach and acted on comments and suggestions.

The provider had an on-going program of staff training and supervision for all staff. Staff told us they were aware of the need to complete training and keeping their knowledge and understanding updated. Staff told us that they received effective support and supervision from the provider. Supervision is a process where staff meet with their manager to discuss their work performance and any training and development needs. One member of staff told us taking part in supervision gave them the opportunity to discuss anything of concern. They said, supervisions were carried out by the provider and, "They are good; I like doing them. They are two-way conversations and it gives me the opportunity to contribute." Another staff member said, "I like it (supervision); it is one-on-one and it is good." They went on to tell us they knew they did not have to wait until supervision if they were ever worried or concerned. They said, "I know I can always contact [provider] if there's a problem." This showed us the provider was aware of promoting the need for continuous training and this was recognised by the staff.

The service had a registered manager who was also the provider. 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.

It was evident the staff and the provider were known to people and relatives. A relative said the provider was, "On the ball; very hands on." The provider was conscious of ensuring people were listened to and given the opportunity to express themselves in a number of different ways. People and relatives could therefore be reassured any concerns they may have were taken seriously.

Staff we spoke with had high regard for colleagues at the service. One member of staff told us there was not a high turnover of staff and they believed this to be a reflection of how well they worked together. They told us the staff team worked well together and were, "Like a big family." Another member of staff told us that they felt the provider and the staff worked well and together they were, "A good team."