

Mr & Mrs K Khistria

Linden House Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection which took place on 22 September 2015. The service was last inspected in October 2014 when we found it to be in breach of two of the regulations we reviewed. This was because the provider had not taken proper steps to ensure care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. In addition the provider did not have an effective system to regularly assess and monitor the quality of service that people received.

Following the inspection in October 2014 the provider sent us an action plan telling us what they intended to do make the improvements needed. This inspection took place to check that the required improvements had been made. During this inspection we found all the regulations we reviewed were met.

Linden House Care Home provides accommodation for up to 40 people who need support with personal care. There is a dedicated unit for up to 12 people with dementia care needs. There were 36 people living in the home at the time of our inspection. Building work was

Summary of findings

taking place at time of the inspection to extend the service to accommodate a total of 63 people including an additional 12 bedrooms on the unit for people living with a dementia.

The service had a registered manager in place. 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.

People we spoke with told us they felt safe in Linden House. Relatives we spoke with had no concerns about the safety of their family members in the service. Staff had completed training in safeguarding adults. All the staff we spoke with told us of the correct action to take should they witness or suspect abuse.

People made differing statements about staffing levels in the service. Five of the people we spoke with told us there were not always enough staff, while five other people stated they considered staffing levels were appropriate to meet people's needs. Staff we spoke with told us they had enough time to spend with people.

We have made a recommendation that the provider reviews the deployment of staff at busy periods to help ensure people always receive care in a timely manner.

We saw a robust system of recruitment was in place in the service. This helped to protect people from the risk of unsuitable staff. We saw that staff received the induction, training and supervision necessary to enable them to do their jobs effectively and care for people safely.

People gave positive feedback about the caring nature of staff. During the inspection we observed staff interactions with people who used the service were warm and friendly. Our discussions with staff showed they knew people well and demonstrated a commitment to providing person-centred care.

Medicines were safely managed and people told us they received their medicines as prescribed. Staff responsible for administering medicines had received training for this

role. A system was in place to assess the competence of staff to safely administer medicines but assessments were not being completed on an annual basis in line with current guidance.

People's care records contained good information to guide staff on the care and support required. People told us they received the care they required. The care records we reviewed showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Policies and procedures were in place to prevent and control the spread of infection. Systems were also in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Records showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions; this helps to ensure the safety and well-being of everybody living, working and visiting the home. We saw checks were made to the premises with regards to fire safety to ensure that people were kept safe.

People told us they were able to make choices about the way they wanted their care to be provided. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Systems were in place to help ensure people's health and nutritional needs were met. People made mostly positive comments about the quality of the food provided in Linden House.

A programme of activities was in place to help promote the well-being of people who used the service. Staff told us and records confirmed they would always try and support people on an individual basis to undertake activities of their choice.

Staff told us they enjoyed working in the service and the managers were supportive and approachable.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were

Summary of findings

opportunities for people to comment on the facilities of the service and the quality of the care provided. The provider also had systems in place for receiving, handling and responding appropriately to complaints.

We saw that work to extend and refurbish the environment was taking place. All the people we spoke with were positive about this development and considered it would enhance the service provided in Linden House.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements needed to be made to help ensure the service was always safe.

A safe system of recruitment was in place. However, we received mixed feedback about staffing levels in the service. Although staff told us they had enough time to meet people's needs, some people who used the service felt they had to wait at times as staff were too busy to be able to respond to them.

People told us they felt safe in Linden House. Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

Procedures and training were in place to prevent and control the spread of infection.

Requires improvement



Is the service effective?

The service was effective.

People told us they were able to exercise choice about how they wanted their care to be delivered.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

The manager had taken steps to ensure that any restrictions in place for people who used the service were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to help ensure people's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People who used the service told us staff were kind and caring in their approach. This was confirmed by our observations during the inspection.

Staff showed they had a good understanding of the needs, interests and preferences of people who used the service.

Good



Is the service responsive?

The service was responsive.

People told us they received the care they required. Care records contained good information about people's wishes and preferences about how they wished to be supported.

Good



Summary of findings

People had opportunities to comment on the care provided in Linden House. Systems were in place to investigate and respond to any complaints people might make.

A programme of activities was in place to help improve the well-being of people who used the service.

Is the service well-led?

The service was well-led.

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

People who used the service told us they felt able to approach staff and managers with any concerns. Staff told us they enjoyed working in the service and found the managers to be supportive and approachable.

Quality assurance systems in the service had improved since our last inspection. Plans were in place to support the development of the extension to the service.

Good



Linden House 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 22 September 2015 and was unannounced.

The inspection team consisted of an adult social care 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. The expert had experience of residential care services for older people

Before our inspection we reviewed the information we held about the service including notifications the provider had

made to us. We contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service. No concerns were raised about the service provided in Linden House.

We spoke with eight people who used the service and two relatives. We also spoke the registered manager, the general manager, the deputy manager, the care plan coordinator, three members of care staff, the chef and a domestic.

During the inspection we carried out observations in all public areas of the home and observed the lunchtime experience in both dining rooms.

We looked at the care record and medication records for four people who used the service. We also looked at seven staff personnel files and reviewed a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our last inspection in October 2014 we found improvements needed to be made to ensure people were always safe in Linden House. This was because staff did not always recognise when abuse might have occurred and the action they needed to take to protect people. In addition improvements needed to be made to the risk assessment and risk management procedures to ensure people were protected against the risks of unsafe care. During this inspection we found the required improvements had been made.

Seven of the eight people we spoke with who used the service told us they felt safe in Linden House. Comments people made to us included, "I've been here a long while. I feel safe in here", "I feel safe here. I can shut my door at night" and "I always feel safe as there are so many people around." One person who had experienced a number of falls told us they felt less safe at times. However, when we discussed this person's care with their relative they told us they did not have any concerns about their family member's safety in Linden House. Another relative also told us, "I think my relative is safe here. This is the fourth home she's been in. The other homes were for respite but this permanent one is the by far the safest. She's well looked after. I'm really glad that I chose this one. I've no worries here."

At our last inspection we had concerns that staff did not always recognise when abuse had occurred. All the staff we spoke with told us they had received safeguarding training. This was confirmed by our review of staff training records. Staff were able to tell us of the correct action to take should they witness or suspect abuse. They also told us they knew how to report poor practice and were confident any concerns they might raise would be taken seriously.

During this inspection we observed one staff member responded promptly to a potential safeguarding incident at lunchtime which occurred on the unit for people living with a dementia. Following the inspection we confirmed with the deputy manager that a safeguarding alert in respect of this incident had been raised with the local authority. The prompt reporting and investigation of safeguarding concerns should help protect people who used the service from the risk of abuse.

We received mixed feedback from people we spoke with about the staffing levels in the service. Four people who used the service and one relative told us there were enough staff on duty to meet people's needs in a timely manner. Comments people made to us included, "There's enough staff to look after people. I've not seen anyone waiting for help", "The girls are on shifts. Staff come and help me when I shout for them. There are some good workers here" and "I think there's enough staff. My relative doesn't seem to have to wait for attention and I come every day." In contrast, four people who used the service and one relative told us staff were sometimes very busy which meant people had to wait to receive assistance. Comments people made included, "Staff can be slow in seeing to people. They stand and chat to people but I do think they need more staff", "Sometimes I have to wait for help. They could do with more staff. Sometimes I have to wait for help to get up and washed in the mornings" and "I sometimes have to wait for help. The staff are always busy doing things."

During the inspection we observed staff responded promptly to call bells and to people's requests for assistance. Staff we spoke with told us they had enough time to spend with people. They told us staff worked flexibly across both the residential unit and the unit for people living with a dementia to ensure people's needs could be met in a timely manner. However, at lunchtime we observed the two staff deployed on the unit for people living with a dementia were unable to spend meaningful time with people during the meal. People were also left waiting at the table for over 10 minutes for their meal to be served. We discussed this with the senior staff member on the unit who told us they were running behind schedule due to having to respond to a person's request for assistance with personal care. They told us they considered the staffing levels were sufficient to meet people's needs if everything ran smoothly and that they could ask for support from staff on the residential unit if they felt it necessary.

We discussed our observations with the registered manager. They told us they would review how staff were deployed at mealtimes to help improve the experience of people who used the service, particularly those living with a dementia who would often require additional support and assistance.

Is the service safe?

It is recommended that the provider review the deployment of staff at busy periods to help ensure people always receive care in a timely manner.

We looked at seven staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The files showed the following; application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked to see how the medicines were managed. We spoke with people about their medicines and reviewed the medication administration record (MAR) charts for four people who used the service.

All the people we spoke with told us they received their medicines as prescribed. One person told us, "I'm on medicines. The nurse knows what medicines I take. Staff do give them to me on time." Another person commented, "I'm on loads of medicines for my bad chest. I have puffers. I get them four times a day and they are always given on time."

We saw that staff had received training in the administration of medicines. The registered manager told us they undertook assessments of the competence of staff to safely administer medicines. However, our review of records showed these assessments were not taking place on an annual basis in line with current guidance.

Care records we reviewed included information about the medicines people were prescribed. Where people were prescribed 'as required' medicines the care plans contained information for staff about whether people were able to request pain relief medication and what signs to look for to indicate a person might be in pain if they were unable to communicate this verbally. During the inspection we observed senior staff ask people if they needed pain relief medicine.

The four MAR charts we reviewed were mainly accurately completed although one person's record had not been signed on three occasions, including the day of the inspection, to confirm they had received one of their

medicines as prescribed. We spoke with the staff member responsible for administering medicines on the day of the inspection. They told us the person had received this medicine as it was contained in their 'blister pack.' They told us they had omitted to sign the record to confirm this.

We found that all medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. We checked the stock of controlled and found these corresponded accurately with the records.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We looked around all communal areas of the home at the start of the inspection. There was building work in progress as the service was in the process of being extended. This was mainly on the outside of the building and did not have any effect on the provision of service. We looked at the new bedrooms which had been built, although they were not yet occupied. These were of a good size, provided en-suite facilities and were furnished to a high standard.

We noted there were risk assessments in place in relation to the external building work. The registered manager confirmed these would be regularly reviewed as the work progressed in to the interior of the building.

We noted most areas of the home were clean. However, at the start of the inspection, we saw that two of the toilets were not clean and there was a strong malodour present in them. When we checked these toilets later in the inspection we saw they had been cleaned. We saw that two domestic staff were on duty during the day. They told us they would always check toilets and bathroom areas throughout the day to help ensure they remained clean.

All of the people we spoke with who used the service told us they had no concerns about the cleanliness of Linden House. One person told us, "It's clean in here and warm. The workmen are kept well away from us and don't cause me any problems." Another person commented, "I like my room. It's just the right size and they keep the floor very clean"

Is the service safe?

We saw infection prevention and control policies and procedures were in place. However, we noted that an infection control audit had not been completed since February 2014. The registered manager was the designated lead person who was responsible for the infection prevention and control management. They told us they had overlooked reviewing the audit but would do so as soon as possible.

We saw that staff had completed infection control training. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were in place bathrooms and toilets. This helps prevent the spread of infection.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise, such as utility failures. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

Is the service effective?

Our findings

People we spoke with told us staff had the right skills and experience to be able to meet their needs. Comments made included, “Staff are well trained and know how to handle people”, “I like the staff. We get new staff. They're all trained and know how to look after people” and “Staff know me well and I know them well. They look after me properly. They know my likes and dislikes and my routine.” A relative also told us, “Staff are excellent. I couldn't praise them enough. They are well trained and good at their jobs.”

We looked at the staff training matrix and saw that staff had completed training in topics such as safeguarding adults, infection control, first aid and moving and handling. Staff told us they had received the training they needed to be able to do their job effectively. One staff member told us, “The manager takes care of all the training we need. The previous place I worked in I didn't get any training. I'm doing my NVQ 2 now and I'm very happy with the way the manager has supported me.”

We saw that staff completed an induction programme when they started work at Linden House. We saw that a new member of staff had been assessed to ensure they were able to use safe moving and handling techniques when assisting people to mobilise.

The staff personnel files we reviewed showed that staff were provided with regular supervision. We saw that supervision sessions were used as an opportunity for staff to review training and development needs.

All the people we spoke with told us they were able to make their own decisions and that staff respected their wishes. Comments people made to us included, “I'm happy with the times I get up and go to bed. I decide myself what I want to wear” and “I like to go to bed early after tea. I like to stay in bed in the mornings. The staff let me stay in bed as long as I want to. I choose what to wear and staff help me to get dressed.”

Relatives we spoke with told us staff had a good understanding of their family member's needs. One relative told us, “If my relative wanted a lie in she can have one. Staff do listen and are understanding of her needs. The staff know her.” Another relative commented, “[My relative] is able to make everyday choices.”

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. What the registered manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. We also noted staff had undertaken training in the MCA.

DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records we looked at provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS. We saw that the registered manager had submitted a number of applications to the supervisory body (local authority); these were awaiting assessment to determine if an authorisation was necessary.

We spoke with one person who was subject to DoLS. They told us they understood this legal framework was for their protection. We noted they had access to an Independent Mental Capacity Advocate (IMCA) to help ensure their rights were protected.

All the staff we spoke with demonstrated a commitment to providing person centred care. One staff member told us, “We have keyworker roles. This means we get to know people's past history, what they like and what they want to do.” Another staff member commented, “Person centred care involves every aspect of care. It means putting the person in the middle of the care we provide” and “I'm here and getting paid to do what people want.”

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People we spoke with told us, “The food is very good, I get as much as I want to eat. We get a cooked breakfast on Sundays”, “I like the food. It's

Is the service effective?

fine. We get plenty to eat and drink. Friday is my favourite food day with fish and chips” and “We get plenty to eat and drink as much as we want. I'm diabetic and staff look after my diet.”

One of the inspection team sampled the lunchtime meal and found it to be well cooked and appropriate to the needs of people who used the service. During lunchtime we noted one staff member was particularly pleasant and enhanced the good atmosphere in the dining room by chatting to residents in a friendly and relaxed manner as they gave out food, collected plates and generally checked on the well-being of people who used the service.

We noted the kitchen was clean and well stocked. The environmental health department carried out a food hygiene inspection on the same day as our inspection. The chef told us no issues had been raised and they expected to keep their 5* rating.

We saw that care records included information about people's nutritional needs and regular monitoring was carried out to check people's weight. Care staff told us if they had any concerns regarding weight loss they would arrange for a referral to be made to a dietician or to the speech and language therapy (SALT) service for advice and support. One relative we spoke with told us, “[My relative] is weighed and she gets plenty to eat and drink. She has thickened food and drinks. Her food is blended; she was assessed for this.”

People who used the service told us they were supported to access healthcare services should they need them. One person told us, “I've seen a doctor a couple of days ago. Staff would get a doctor any time I needed one.” A relative also commented, “Staff do get other professional help in when they need to. [My relative] has a chiropodist come in to do her feet. Staff also have told me they called a doctor in for her yesterday. He gave her antibiotics.” We noted that an optician was also on site on the day of our inspection.

Is the service caring?

Our findings

All the people we spoke with provided positive feedback about the caring nature of staff. Comments people made to us included, “Staff are kind and caring. I don't talk much to anyone but they are kind. They are very helpful”, “Staff are friendly and kind. I like the staff”, “Staff are kind and polite to me” and “I don't get visitors. I've no relatives but the staff give me presents at Christmas and on my birthdays. I like living here. The staff are nice.” A relative we spoke with also told us, “The girls [staff] are good and care about [my relative]. The staff seem to know her and are kind to her. Staff are welcoming towards myself and I can talk to them.”

Relatives we spoke with told us there were no restrictions on when they could visit and that they were always made welcome by staff. One relative told us, “I come every day for an hour. Staff do give us privacy.”

During our inspection we noted staff interactions with people who used the service were warm and friendly. We observed staff provided reassurance to people when they became agitated and used appropriate distraction techniques.

Care records we looked at contained good information about people's interests, family and past experiences. This information should help staff form meaningful and caring relationships with people who used the service. We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Care files we reviewed included information for staff about respecting people's dignity and privacy as well as promoting people's independence when providing care. A

dignity in care policy was also in place for staff to follow. People who used the service told us staff would support them to be as independent as possible. One person commented, “Staff let me do what I want. I get up when I want and wash and dress myself. Staff keep my clothes clean for me. I bath myself about three times a week. I'm independent and don't need help but I can press the buzzer for help if I need it.”

A discussion with the registered manager showed they were aware of how to access advocates for people. Information leaflets about the advocacy service were also displayed in the reception area of the home. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as acting on their behalf at meetings and/or accessing information for them.

We noted there was a system in place for staff to discuss end of life wishes with people who used the service. Care records we looked at contained good information about the care and support people wanted to receive at the end of their lives; this included information about a person's wishes to help ensure they received a funeral which was appropriate to their religious and cultural background.

The registered manager told us one staff member was in the process of completing the Six Steps to Success programme. The Six Steps programme helps to ensure that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. We were told that once the training was complete this staff member would be expected to share their skills and knowledge with other staff to ensure the best possible care could be given to people at the end of their life.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home, unless the admission was an emergency placement. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

At our inspection in October 2014 we had concerns that care plans were not in place when people were admitted for respite care. We also found that some care records were out of date and did not always reflect the needs of people at the time.

On this inspection we were told a care plan coordinator had been appointed to help ensure care plans were written and updated in a timely manner. We spoke with this member of staff who told us they spent one day each week reviewing care plans with people who used the service. They told us there were plans in place for her to undertake this role on a full time basis once the extension was complete and the number of people who used the service increased.

We found that improvements had been made to the care planning process. Care records we reviewed were personalised and contained detailed information about people's social and personal care needs. People's likes, dislikes, preferences and routines were also included in their care plans. We saw the care records had been regularly reviewed to ensure the information reflected the person's current support needs. One person who used the service told us, [The care plan coordinator] sits with me and talks to me about my care plan. I get everything I need here."

Seven of the eight people we spoke with who used the service told us they received the care they needed and wanted. One person who had been admitted to the service on an emergency basis was less happy with the care they received. We discussed this person's comments with the registered manager who told us they would ensure a full review of the person's care in Linden House was carried out with them.

We asked the registered manager about the activities available for people who used the service. They told us there was a senior carer was employed to work as an activity coordinator for two days during each week. Another staff member was responsible for activities at weekends.

We spoke with the activity coordinator who told us they were in the process of completing a programme of activities to take place over the Christmas period. They told us they worked hard to try and ensure that all people who used the service were able to enjoy this festive period. They told us they had organised a trip to Blackpool illuminations which was due to take place in a couple of weeks. In addition to activities such as bingo, karaoke and nail painting, we saw that a programme of external entertainers was also in place which included a singers and a 'safari' which brought a number of small animals into the service.

Some of the people we spoke with were positive about the activities provided while other people told us they did not want to get involved with any activities or they thought the activities on offer did not really meet their needs. Comments people made to us included, "I watch TV and I like to help to tidy the serviettes after mealtimes. You can do dances and singers come in", "I don't get bored. I like it here", "I play bingo and dominos a couple of times a week. I get a bar of chocolate if I win. I like snooker but they don't play it here" and "There's nothing I take part in."

From the records we reviewed we noted some people were supported on an individual basis to undertake activities they enjoyed. This included visiting a local theatre, bingo hall and pub. The registered manager told us they would always try and arrange staffing to ensure they could meet people's individual requests. One person we spoke with confirmed this to be the case.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We looked at the complaints book which showed one complaint had been received since our last inspection. We saw that appropriate action had been taken to investigate the complaint.

We asked people who used the service whether they would feel confident in raising any concerns they might have. Comments people made to us included, "I would talk to

Is the service responsive?

[the general manager] if I was unhappy”, “We've got two managers and I can talk to them and they will listen to me. I'd tell the staff or a manager if I wasn't happy about something” and “We had a resident meeting the other day. [The registered manager] asked us to tell her if we had any complaints.”

We saw there were regular meetings in the home between staff, people who used the service and their relatives. These were used as a forum to discuss planned changes in the home and to afford people the opportunity to provide feedback on the service. One person who used the service told us, “Sometimes we have meetings with the managers and they listen to us.” Following the inspection the

registered manger sent us a copy of the most recent newsletter which provided information to people about the plans to extend and develop Linden House. However, we noted this newsletter was produced in October 2014.

All the people we spoke with told us they were aware and excited about the plans to extend the service. They told us they been consulted about the décor and any planned room changes. One person commented, “They took me round to have a look at the refurbishments. I know all about the plans in place.” Another person told us, “I share my bedroom with another person. Staff did ask me if I minded. Sometimes my room mate wakes me up in the night. I'm waiting for a bedroom on my own when the work is finished.”

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager had been in post since 2011. There was also a general manager in place in the service. We were told the role of the registered manager was to focus on the care provided in Linden House and that the general manager was responsible for some of the quality assurance systems in the service.

At our last inspection we had concerns that the quality monitoring systems at Linden House were not sufficiently robust to ensure people who used the service were protected against the risks of unsafe or inappropriate care. During this inspection we found the required improvements had been made.

We saw there was a programme of audits in place in the service. These included checks that care plans had been regularly reviewed and updated, medication audits and checks on the safety and security of the environment. The managers told us, as the building work progressed into the internal environment, they intended to introduce a system of daily checks to ensure people were adequately protected from the risks of the work taking place.

Records showed the provider was undertaking regular monitoring visits to the service. We looked at the report from the last monitoring visit which took place in May 2015 which has not identified any concerns about the quality of the care provided.

A development plan was in place for Linden House. This included timescales for the planned extension of the service and also included staff development targets.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they were pleased with the

progress of building work and of the appointment of a care plan coordinator which they considered had improved the quality of the care plan documentation in place. They told us the key challenge for the service was to ensure staff were recruited and trained in a timely manner in order to meet the needs of people admitted to the service once the extension was complete. They told us they were currently recruiting 'bank staff' who would be available for work as the numbers of people who used the service increased.

People we spoke with were generally positive about the managers in the service. Comments people made included, "There's a few managers. They are very busy but they do all right", "I know the manager and can talk to her. I think she runs a good home and I'm happy here" and "I do feel I can voice my opinions. I can speak to the manager. She appears to be supportive and helpful. I have raised concerns and been satisfied with the outcome."

We saw that the managers had recently introduced an electronic system to gather the views of people who used the service and their relatives. This was located in the reception area and allowed people to comment on the quality of the care provided, the cleanliness of the environment and the friendliness of staff. We noted all the responses received to date for all areas were either 'excellent' or 'good'.

All the staff we spoke with told us they enjoyed working at Linden House and found the managers to be both supportive and approachable. One staff member told us, "I can go to either of the managers if I have a problem."

Records we looked showed regular staff meetings took place. We saw that these meetings were used as a forum to remind staff of important issues such as infection control and confidentiality. Staff told us they felt able to raise any concerns or suggestions at staff meetings and considered their views were listened to.