

Asher Care Ltd

# The Lindons

## Inspection report

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Date of inspection visit:  
07 January 2016  
19 January 2016  
20 January 2016

Date of publication:  
18 March 2016

### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Lindons is registered to provide personal care, without nursing care, for up to 25 adults. People living at the service are older and have physical and dementia care needs. During the inspection there were 20 people living at the service.

The inspection took place on 7, 19 and 20 January 2016 and the first day was unannounced. The service was last inspected on 25 November 2014 when it met the requirements relevant at that time.

There were two managers registered in respect of the service. 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 were told that one of the registered managers no longer worked at the service. The registered manager who was working at the service told us they would contact the other registered manager to remind them of the need to apply to deregister as manager.

Prior to the inspection we received concerns about the way infection control procedures at the home were affecting the health and welfare of people living at the home. There had been a fire in the laundry over the Christmas period and this had resulted in a change to the way laundry was managed at the home. There were also concerns that there was a lack of hot water in some bedrooms. Due to these concerns a scheduled comprehensive inspection was brought forward.

We discussed the situation with the registered manager, care staff and people living at the home. People told us they knew about the fire, but that it had not affected them in any way. Laundry was being taken to a local laundrette. Extra sheets and towels had been purchased to ensure there was a good supply. Staff told us there had never been a time when they had run out of either. Staff told us some items of personal clothing had been destroyed during the fire, but that these had now been replaced.

We had also received concerns that not all bedrooms had access to hot water. On the first day of our inspection we tested the water in all bedrooms and found that 15 of the 25 had either no hot water or the water was tepid. The registered manager told us they knew there was a problem and the heating engineer visited during our inspection. Staff told us that while some rooms had no hot water they had taken water from the bathroom to people's rooms so that they could wash. They said people had still been able to have a shower or bath. Following the inspection the registered manager informed us the boiler had been replaced.

People did not benefit from individual activity plans to ensure they had meaningful activities to promote their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people. There was no regular

programme of activities, but staff told us they did spend some time with people when not carrying out personal care tasks. The registered manager had already identified the lack of social activities and a staff member had been identified who was to increase the level of social interaction. They had begun to identify activities people might like. The reminiscence magazine 'The Daily Sparkle' was available for people to look at. A small 'snug' area had been redecorated and contained a small library. Plans were in place to use this area to hold film nights.

People's needs were met by kind and caring staff. People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. One relative told us they thought staff provided "A good level of care", and their relative "Always seems well cared for".

Staff were responsive to people's individual needs and gave them support at the time they needed it. One person told us "Alright they are [staff] they help you when you need it". Staff were able to tell us about people's preferences. For example, staff told us about one person who liked a fixed routine. The person's care plan clearly detailed this, and the person confirmed staff always followed their preferred routine. One person told us "They [staff] are always asking, are you alright to get up or go to bed?"

People were protected from the risk of abuse because staff understood the signs of abuse and how to report concerns. People we spoke with told us they felt safe living at the home. One person told us "Safe? Yes, I'm alright, I'm fine". Not everyone we spoke with was able to tell us if they felt safe, so we watched how they interacted with staff. People smiled and took hold of staff's hands when talking to them, showing us they felt safe in their company.

People's needs were met in a safe and timely way as there were enough staff available. During the inspection staff were busy, but met people's needs in a timely manner and call bells were answered promptly.

The systems in place for the management of medicines were safe and protected people who used the service. Records confirmed people had received their medicines as they had been prescribed by their doctor. Topical creams and charts detailing where and when they should be applied were kept in locked cupboards in people's bedrooms.

Risks to people were identified and staff had information on how to manage risks to ensure people were protected. Moving and transferring, falls and pressure area risk assessments were in place. However, on the first day of inspection not everyone's risk assessments were up to date. The registered manager told us this was because a new care planning system was about to be introduced and everyone was being completely reassessed. On the other days of inspection we saw this was happening. Pressure relieving equipment was used when needed. Staff knew how often people's position needed changing and charts indicated people were being repositioned as required.

People were supported to maintain a healthy balanced diet and receive the healthcare they needed.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. We heard staff respectfully reassuring one person they were assisting to move.

Relatives told us they were involved in developing and planning their relation's care. One relative said staff always asked for their input when reviewing care. Another relative said they had helped to develop their

relative's care plan and staff always let them know if there were any changes to their care. Visitors said they could visit at any time and were always made welcome.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). When a person had been assessed as not having the capacity to make a decision other people were involved to determine what decision would be in the person's best interest. This procedure had been followed where one person had needed dental treatment.

Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia. We saw a series of training events were due to be held in the forthcoming weeks in order to update staff on such topics as medicine administration, safeguarding people and first aid.

Relatives, staff and a healthcare professional spoke highly of the registered manager who was keen to drive improvements in the home. Improvements introduced included changes to care plans and the environment.

People benefited from systems to assess and monitor the quality of care. The systems enabled issues to be identified and acted on. Suggestions for improvement were encouraged from staff and visitors. For example, staff had suggested name badges would ensure people and visitors knew who they were speaking with. The name badges arrived during our inspection.

We have made a recommendation about increasing social interaction and activities for people living with dementia.

## 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 were protected from the risk of abuse because staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

People's needs were met in a safe and timely way as there were enough staff available.

Risks to people were identified and staff had information on how to manage risks to ensure people were protected.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to ensure they had the skills they needed to ensure people's individual care needs were met.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy balanced diet.

People were supported to receive the healthcare they needed.

### Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

Staff ensured people's privacy and dignity was respected and all personal care was provided in private.

People and their relatives could be involved in making decisions

about their care if they chose.

Visitors said they could visit at any time and were always made welcome.

### **Is the service responsive?**

Aspects of the service were not responsive.

There was no regular programme of activities for people to participate in.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well led.

Relatives, staff and a healthcare professional spoke highly of the registered manager.

The registered manager was keen to drive improvements in the home.

People benefited from systems to assess and monitor the quality of care. The systems enabled issues to be identified and acted on.

**Good** ●

# The Lindons

## **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 was 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 7, 19 and 20 January 2016 and was unannounced.

One social care inspector carried out the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

We met, spoke with or spent time with 13 people using the service, three visitors, seven care staff, the cook, the deputy manager and the registered manager. We also spoke with two visiting health care professionals. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

We also contacted staff from the local authority quality assurance team.

# Is the service safe?

## Our findings

On the day of inspection there were 20 people living at The Lindons and they had varying levels of need. Six people needed two care staff to help them move, three people spent all their time in bed and 10 people were living with some level of dementia.

Prior to the inspection we received concerns about the way infection control procedures at the home were affecting the health and welfare of people living at the home. There had been a fire in the laundry over the Christmas period and this had resulted in a change to the way laundry was managed at the home. We discussed the situation with the registered manager, care staff and people living at the home. People told us they knew about the fire, but that it had not affected them in any way. We were told that there had been major problems resulting from the fire, but that these had been for the staff, and that staff had worked hard to minimise the impact on people living at the home. An empty bedroom had been set aside to keep the laundry in. Any soiled items were washed off in the bathroom and then taken to the local laundrette. People's personal items of clothing were also taken to the laundrette. The registered manager was making arrangements for all sheets to be collected by a local laundry service. These arrangements had been delayed because of the Christmas period. Extra sheets and towels had been purchased to ensure there was a good supply in the interim. Staff told us there had never been a time when they had run out of either. Staff told us some items of personal clothing had been destroyed during the fire, but that these had now been replaced.

We had also received concerns that not all bedrooms had access to hot water. On the first day of our inspection we tested the water in all bedrooms and found that 15 of the 25 had either no hot water or the water was tepid. The registered manager told us they knew there was a problem and the heating engineer visited during our inspection. However, they said staff had not reported that so many rooms were affected. On the third day of our inspection we tested the water in some of the 15 rooms with no hot water. There had been some improvement but some rooms still did not have hot water. Staff told us that while some rooms had no hot water they had taken water from the bathroom to people's rooms so that they could wash. They said people had still been able to have a shower or bath. Following the inspection the registered manager informed us the boiler had been replaced.

People were protected from the risks of abuse. People we spoke with told us they felt safe living at the home. One person told us "Safe? Yes, I'm alright, I'm fine". Not everyone we spoke with was able to tell us if they felt safe, so we watched how they interacted with staff. People smiled and took hold of staff's hands when talking to them, showing us they felt safe in their company. Although not all staff had received formal training in safeguarding people, staff had a good knowledge of different types of abuse and knew how to keep people safe. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They also knew how to raise concerns outside of the service.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. We looked at the files for three recently employed staff. All files contained most of the required pre-employment documentation including disclosure and barring (police) checks, photo identity and full work history.



However, one file did not contain references, although the registered manager told us they had obtained a telephone reference. A recent audit of the staff files had identified the missing documents and they were being sought.

People's personal risk assessments contained details on how risks were managed. Moving and transferring, falls and pressure area assessments were in place. However, on the first day of inspection not everyone's risk assessments were up to date. The registered manager told us this was because a new care planning system was about to be introduced and everyone was being completely reassessed. On the other days of inspection we saw this was happening.

Pressure relieving equipment was used when needed. Some people spent most of their time in bed and needed their position changed to relieve pressure on sensitive areas. Staff knew how often people's position needed changing and charts indicated people were being repositioned as required.

There were sufficient numbers of staff to ensure people's needs were met safely. Staff and visitors told us they thought staffing levels were sufficient. During the inspection staff were busy, but met people's needs in a timely manner and call bells were answered promptly. At the time of the inspection there were 20 people living at the home. During the inspection there were five care staff, the assistant and registered managers a chef and a cleaner on duty. However, one person told us they felt they sometimes had to wait a long time for their call bells to be answered. The registered manager agreed to look into this and ensure all call bells were answered promptly.

Medicines were stored securely in a locked trolley secured to a wall and only staff who had received training administered medicines. Records were kept for medicines received and disposed of and regular audits were made. Records confirmed people had received their medicines as they had been prescribed by their doctor. Topical creams and charts detailing where and when they should be applied were kept in locked cupboards in people's bedrooms.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people in the event of a fire.

## Is the service effective?

### Our findings

People living at The Lindons had needs relating to living with dementia, mobility and general health. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia. We saw a series of training events were due to be held in the forthcoming weeks in order to update staff on such topics as medicine administration, safeguarding people and first aid.

We spoke with one new staff member who had been at the service for only a week. They told us they had received a basic induction and were shadowing experienced staff and learning about people living at The Lindons. We discussed, with the registered manager, how new staff would undertake the care certificate. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. They told us they would ensure any new staff completed the care certificate.

Some staff told us they received supervisions and appraisals, while others said they did not. We saw some evidence that some staff had received supervisions. The registered manager told they had recently introduced a formal system to ensure all staff received supervision every six weeks. Staff told us they felt well supported by the management team.

Some people living at The Lindons were living with dementia and this could affect their ability to make decisions about their care and treatment. Although not all staff had received formal training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS) people were supported by staff who had an understanding of the principles of the legislation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where staff had thought people may not be able to make significant decisions an assessment of the person's capacity to make the decision had been undertaken. When the person had been assessed as not having the capacity to make the decision other people were involved to determine what decision would be in the person's best interest. This procedure had been followed where one person had needed dental treatment.

People were supported to make decisions about day to day aspects of their life, such as what to eat, what to wear and where to spend their time. People were asked for their consent before staff provided personal care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's liberty was only restricted when there was no other means of keeping them safe. Where this was the case, the registered manager had made applications to the local authority's DoLS team to authorise these restrictions and were awaiting a response.

People were supported to have enough to eat and drink in order to maintain good health. The chef told us there was always an alternative available for each meal. However, people told us on the third day of inspection there had not been an alternative offered. The chef told us that people could have had something else, such as an omelette if they had wanted it. They told us they would put a plan in place to ensure people always knew they could have an alternative if they did not want what was on the menu. People told us the food was always good and there was plenty of it. Throughout the inspection people were offered a choice of drinks. One person told us "They make a lovely cup of tea".

Records showed people had seen their GPs and other health and social care professionals as needed. Community nurses visited regularly to monitor people at risk from pressure sores. Following our inspection we spoke with two health and social care professionals. One told us staff would always contact them if they had any concerns and would always follow any instructions given. The other said staff were keen to work with them.

# Is the service caring?

## Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. There was appropriate friendly banter between staff and people living at the home, with staff often sitting and chatting to people. Staff were seen supporting people in an easy, unrushed and pleasant manner. There were many cuddles and hugs between staff and people they cared for. We heard and saw people laughing and smiling and people looked comfortable and relaxed in their home. One relative told us they thought staff provided "A good level of care", and their relative "Always seems well cared for".

Throughout the inspection we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. We heard staff respectfully reassuring one person they were assisting to move.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. People looked clean, well-cared for and well dressed.

One visitor told us they felt their relative knew the staff really well and "wouldn't want to be anywhere else". We saw 'thank you' cards from people whose relatives had lived at The Lindons. They had commented "How can we ever thank you for all the care and kindness shown to our father", and "Thank you for making mum's life a bit better".

Not everyone living at The Lindons wanted to be involved in planning their care and were happy for staff or their representatives to do that. Some care plans contained evidence that the person's representative was happy with the care provided. Relatives told us they were involved in developing and planning their relation's care. One relative said staff always asked for their input when reviewing care. Another relative said they had helped to develop their relative's care plan and staff always let them know if there were any changes to their care. Visitors told us they were always made welcome and could pop in at any time. One visitor said they came to the home every afternoon.

Records showed that a meeting had been held for people living at the home for them to give their views about the home. The registered manager told us people at the meeting had not given much feedback and they were planning to look at ways to make the meetings more useful.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People did not benefit from individual activity plans to ensure they had meaningful activities to promote their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people. There was no regular programme of activities, but staff told us they did spend some time with people when not carrying out personal care tasks. At times during our inspection we saw that staff spent time chatting with people. There were some magazines and books around the service that people could take advantage of, but staff did not use these to engage with people. On the day of our inspection an outside entertainer visited the service and we saw that people enjoyed this and joined in with singing.

The registered manager had already identified the lack of social activities and a staff member had been identified who was to increase the level of social interaction. They had begun to identify activities people might like. The reminiscence magazine 'The Daily Sparkle' was available for people to look at. A small 'snug' area had been redecorated and contained a small library. Plans were in place to use this area to hold film nights.

People's needs were assessed before and while living at The Lindons. However, on the first day of our inspection we saw that not everyone's care plans had been regularly reviewed. We also saw that there were limited instructions for staff on how to manage the behaviour of one person whose behaviour may challenge staff and other people. However, staff told us they would speak to the person about things they liked, in order to minimise the situation. The registered manager told us the lack of detail was because a new care plan system was being introduced and all the people living at the service were being fully re-assessed. On the second and third days of our inspection we saw that this was in progress. The new care plan system was computerised and all staff had hand-held devices which contained people's care plans. Alerts could be programmed into the devices to ensure people's needs were met in a timely manner. For example, if people needed re-positioning to relieve pressure areas the devices would remind staff this task needed completing.

People and their visitors were complimentary about staff. One person told us "They [staff] are not rough and not posh, treat you like a real person". Another person told us "Alright they are [staff] they help you when you need it". Another person said "They [staff] always seem to know what you want. That's what I like about it". One visitor told us their relative needed a lot of help from staff and staff were "very helpful, know what to do for them".

People were supported by staff that knew them well. They were able to tell us about people's preferences. For example, staff knew what people liked to eat and when they liked to get up and go to bed. Staff told us about one person who liked a fixed routine. The person's care plan clearly detailed this, and the person confirmed staff always followed their preferred routine. One person told us "They [staff] are always asking, are you alright to get up or go to bed?"

People's requests were listened to and acted on. One person had requested a move to another room and this had been arranged. However, following the move they had wanted to return to their original room. The original room had been redecorated for them and the person moved back in.

The registered manager took note of, and investigated any concerns raised. Records showed four complaints had been received over the previous year. These had been investigated and concluded satisfactorily. One relative had raised concerns about the care their relation had received over a weekend, the registered manager had spoken with staff and the relative was happy with the outcome. People told us they felt able to raise any concerns. One person told us "Never had to complain, but would talk to staff if I had to". Another said "No worries, If I had any concerns would tell them straight away". Visitors told us they had not had to complain about anything, but felt able to raise issues if they needed to.

We recommend that the service seek advice and guidance from a reputable source, about providing suitable activities and social interaction for people living with dementia.

## Is the service well-led?

### Our findings

There were two managers registered in respect of the service. We were told that one of the registered managers no longer worked at the service. The registered manager who was working at the service had been working there for approximately six months. They had made many improvements during this time and wanted to develop and further improve the service. They told us their practice and knowledge base was kept up to date by using the internet and attending local care home forums. One healthcare professional told us that they felt the home was 'on the up' since the manager had been appointed.

Staff told us the registered manager had made many improvements in the time they had been there. These included improvements to care plans and the environment. The deputy manager told us they had felt they were not able to manage the administration aspects in their new role. They said the registered manager had given them more support and their rota had been changed to allow them more time for this.

Suggestions for improvement were encouraged from staff and visitors. For example, staff had suggested name badges would ensure people and visitors knew who they were speaking with. The name badges arrived during our inspection. One visitor had asked for a TV to be moved so their relative could see it better when in bed. We saw this was being arranged.

There was a positive and open atmosphere at the home. Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One staff member said "Everyone gets on together and communicate well".

Staff understood the culture of the home. One staff member told us this was "homely, welcoming and calm" and "Open, you can raise any concerns and know they will be listened to". They also said the culture was "To always treat people as you would want to be treated yourself". Another staff member said "There's no tension in the atmosphere, it's like an extended family".

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment and staff files. One recent medicines audit had highlighted one person's night time medicine had not been signed for as being given. Medicines were checked to ensure the medicine had been given and a system put in place to ensure staff checked all medicines had been given and signed for after each round.

A series of questionnaires had been prepared. These were to be sent to visitors and healthcare professionals to ask for their views on the quality of the care provided.

Records were well maintained, kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. This included telling us about the fire in the laundry.