

Linden Care home (Derby) Limited

Linden House

Inspection report

9-11 Scarsdale Avenue
Littleover
Derby
Derbyshire
DE23 6ER

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Linden House is a residential care home providing personal care for up to 16 people. At the time of the inspection 16 people were living at the service.

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

People felt safe living at Linden House and steps had been taken to protect people from the risk of abuse and avoidable harm. People were protected from the risk of infection and from the risks associated with the management and administration of medicines. There were enough staff available so that people received timely care. Checks on staff were completed as part of the recruitment process to help the provider employ staff who were suitable for the role. Processes were in place to help ensure any lessons learnt were identified if things went wrong.

Assessments of people's health, care and well-being needs were in place. Staff had been trained, and were checked for their competence, in areas relevant to people's needs. People received food and drink to meet their needs and different choices and alternatives were available to suit people's different preferences. Staff worked with other health and social care professionals to ensure people received effective care. The premises had adaptations to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and took time to be with people. Staff supported people's independence, respected their privacy and dignity and equality and diversity needs. People were involved in decisions about their care and treatment.

Staff knew people well and were able to provide responsive and personalised care. People enjoyed a range of activities and entertainment. Staff understood how to communicate with people and people's communication needs were assessed. A complaints policy was in place and followed to ensure when any complaints or feedback was received this would be investigated and resolved. No-one was in receipt of end-of-life care at the time of our inspection, however staff were confident to work with other healthcare professionals should this care be required.

The registered manager provided clear leadership to the staff team and understood their role. The registered manager had systems and processes in place to help ensure risks were managed and people received quality care. The service was run with an open and approachable management style that was inclusive of people and staff views. Systems were in place to ensure the views of people and staff were listened to and acted on. The service worked well with other professionals and took opportunities for continuous learning and improvement.

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

Rating at last inspection

The last rating for this service was Good (published 13 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Linden House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team included one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Linden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require the provider to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from local authority professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care staff member, a care staff member and the cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further medicines risk assessments and governance records sent to us by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Linden House. One person told us, "Yes you feel safe here, you feel protected."
- Staff had been trained in safeguarding and understood how to identify and report potential abuse. Information on the local safeguarding protocols were available for staff to access should they need to.

Assessing risk, safety monitoring and management

- Any risks associated with people's healthcare needs were assessed and actions identified to help manage and reduce risks to people. For example, risks from falls. Equipment to help monitor people's safety when mobilising, such as the use of sensor mats were in place where needed. One person told us, "Staff help me with the stair-lift to get up and to get to the dining room." We observed staff provided safe care to people when they assisted them to mobilise.
- Risk assessments had been completed to identify and mitigate risks present in the general environment. For example, evacuation plans, and procedures were in place to help promote people's safety in the event of an emergency such as fire. Risks from hot surface radiators had been identified and the provider was in the process of obtaining radiator guards to reduce any risk from scalding.

Staffing and recruitment

- People told us there were enough staff to safely meet their needs no matter what time of day or night. One person told us, "I have to get up three or four times at night for the loo, staff come quickly." Another person said, "I think there's enough staff; I don't have to wait long when I use the buzzer. I usually press the buzzer at 1.30 at night, I have some juice then or Horlicks."
- We observed staff were available to respond promptly if people required any care. In addition, staff did not appear rushed when providing care and we saw this enabled staff to share conversations and activities with people. The registered manager told us people's needs and staffs' views were used to help inform and evaluate staffing plans on an ongoing basis.
- The provider completed recruitment checks on staff before they were offered employment. These checks covered previous work experience and checks on if an individual had any criminal records recorded. This helped the provider make decisions on the suitability of staff to provide care to people.

Using medicines safely

- Medicines were managed and administered safely. Arrangements were in place for the safe storage, ordering and disposal of medicines. People's independence with medicines was promoted and the provider was able to demonstrate any risks associated with this had been considered.

- Records had been completed for when people had received medicines, including any prescribed skin creams.
- Staff checked whether people were in any pain and were able to offer pain relief medicines if required. Guidelines were in place for when these and other medicines were offered 'as required' rather than at set times. This helped to ensure people received these medicines consistently and when they needed them.

Preventing and controlling infection

- People told us they felt their home was kept clean and tidy. One person told us, "It's clean and wonderful here." We saw staff wore appropriate gloves and aprons when for example, they assisted people with their meals. Stocks of gloves and aprons were provided throughout the premises for staff to use.
- We checked communal bathrooms and toilet areas as well as some bedrooms. We found these to all be clean and items, such as bedding was clean and in good condition.
- Staff responsible for cleaning understood their roles and responsibilities. They followed cleaning schedules and protocols in line with infection control.

Learning lessons when things go wrong

- Staff told us, and records confirmed any accidents and incidents were recorded and reviewed for whether any improvements to people's safety could be made. This demonstrated the provider looked to learn lessons when things had gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health, care and well-being needs were assessed and informed people's care plans and risk assessments. One person told us about their care plan and said, "Staff have always got my [care plan] there to refer to."
- Assessments reflected the requirements of the Equalities Act to help ensure people's diverse needs could be met. For example, people had been able to record any needs in relation to their faith.

Staff support: induction, training, skills and experience

- Staff told us they felt they received enough training and support to enable them to work effectively in their roles. Records confirmed training was provided in areas relevant to people's care needs. In addition, staff were observed in their work to ensure they were competent. People we spoke with shared the view staff were competent when they provided care.
- Staff had regular supervision meetings with the registered manager. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Records showed the registered manager checked staffs' understanding of policies and procedures and checked they were up to date with their training as part of their supervision.

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

- We saw people enjoyed a relaxed and social mealtime and staff provided frequent drinks for people. One person told us, "The food's good; there's a good choice, there's always drinks around." Arrangements were in place to ensure people who required food and drink modified to different textures received this as required.
- Where people were at risk of weight loss, records showed other healthcare professionals had been involved to ensure people received effective care. People's diets were fortified when needed and regular monitoring and review of people's weight loss or gain was in place.
- People told us, and we saw staff offered them choices of food and any preferences due to faith beliefs or cultural preferences were respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they felt they received any healthcare advice as needed. One person told us they had been unwell, and staff had called the GP to see them.

- Records showed advice from other healthcare professionals had been included in people's care plans. For example, advice had been included from speech and language therapists regarding the steps to take to reduce the risk of choking. This helped to ensure people were supported with effective care and supported to access other healthcare services when needed.

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

- People were happy with their bedrooms and how their home had been decorated. One person told us, "My room is smashing!" Another person told us, "I've got a wonderful room, it's lovely! It's set up as home."
- The premises included adaptations to ensure it was suitable for people's needs. For example, a stair-lift had been fitted and corridors had hand rails along them. People had access to garden areas. One person told us, "I have a wheelchair upstairs and downstairs. Staff take me to the lift in the wheelchair, I get onto the stair-lift and they have a wheelchair at the bottom. They help me."
- Some signage was used to help orientate people when needed whilst maintaining a homely atmosphere. The registered manager told us they were considering further signage to help visitors who were less familiar with the home's layout.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found they were.

- The registered manager had applied for DoLS authorisations when restrictions were in place to help keep people safe. Other legal issues of consent, such as details on 'Power of Attorney' for people were also known and included in people's care plans.
- We saw staff sought consent from people for any care offered. Staff had been trained and were knowledgeable on the MCA and DoLS and how they applied to some people living at the service. Records showed how decision-making processes had been taken in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt staff were kind and caring and that they had developed positive relationships. One person told us, "We get on like a house on fire." We saw staff were attentive and caring in their interactions with people. Staff understood how to distract a person to help them manage their pain; they did this by reminiscing with the person about their life. Another person told us about how helpful and thoughtful staff were. They told us staff helped them get ready to go out with their family and always had their tea ready for them when they came home. These are examples of a caring service.
- Everyone we spoke with told us staff had time to spend with them and we observed staff spent quality time with people without any care being rushed. People appreciated staff being there for them. One person told us, "Staff have pulled me out of some scrapes. When I've been poorly they've had time for me – nothing is too much trouble."
- Staff spoke respectfully about the people they cared for and understood what steps to take to ensure people's faith beliefs and cultural needs were met. This helped to ensure people's equality and diversity needs were respected and that people did not experience discrimination.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. People told us, and we observed staff would knock on people's bedroom doors before entering.
- Staff we spoke to were mindful of people's privacy and dignity. Staff told us they were 'dignity champions.' Dignity champions are part of a national campaign to ensure people's rights are supported.
- People were supported with their independence. For example, people were supported to eat their meals in their own time and were not rushed to finish. Adaptive cutlery and lidded cups were used to promote people's independence and other items, such as plate guards were available should a person need one. These items help to promote people's independence when eating and drinking.

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

- People were supported in decisions about their care. Throughout the inspection, we observed staff ask people their preferences and respected their decisions. For example, one person told us they preferred to spend time in their room and we saw this was respected by staff.
- Care plans included people's views about a range of aspects relating to their care. People had been invited to sign their care plan to confirm it reflected their views. Staff we spoke with understood and

respected people's views. This helped to ensure people's care was personalised and reflected their views and decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. People told us staff knew their needs and preferences and that they enjoyed each other's company. One person told us, "I've got friends here, we have a good relationship." Another person said, "I'd recommend it, it's very sociable." Staff were mindful and supportive of people's relationships with one another.
- We observed staff provided responsive and personalised care. We saw staff respected people's known wishes and preferred routines and choices. Staff held meaningful and enjoyable conversations with people as they knew about their lives and interests.
- People told us they had plenty of interesting things to do; this had included games, entertainment and crafts. We saw some art and craft activities people had been involved in recently and a musical entertainer visited during our inspection. Other people told us they were happy with their own company and told us staff respected this. One person told us, "I sit here, I watch TV, I day dream; the garden's very nice, when it's warm enough I go out."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and details of any needs were recorded. For example, for example instructions were given to staff on the most effective way of communicating with a person who had some hearing loss.

Improving care quality in response to complaints or concern

- People told us they could complain should they have need to. One person told us, "Staff are kind they take time to listen to your complaints." Details of how to make a complaint or give feedback was on display.
- Records showed any issues that had been raised were recorded, investigated and outcomes discussed with people to ensure issues were resolved to their satisfaction. There was an open and transparent approach to resolving issues for people. This helped to ensure improvements to people's quality of care were made whenever possible.

End of life care and support

- No one required any 'end of life' care at the time of our inspection. However, should this be needed, staff were confident to provide what care people needed whilst working in partnership with other healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 'Good'.

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

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

- The registered manager understood their role and provided clear and supportive leadership to their staff team. People spoke highly of the registered manager and staff. One person told us, "Staff do everything well, they're nice people; it's lived up to my expectations so far."
- The provider displayed the latest CQC rating. This is so that people and those seeking information about the service can be informed of our judgments. This was also available on the provider's website. They understood the requirement to inform CQC of any notifiable events and incidents.
- The registered manager competed regular and planned checks to ensure the quality and safety of care provided, as well as the safety of the premises and any equipment used. These checks helped the registered manager identify where improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People spoke highly of the service they received and their home. One person told us, "I like it here, staff are caring, they're approachable." Another person told us they enjoyed living at the home and said, "There's a feeling here that's good." People told us they knew staff and the registered manager well and were confident any concerns would be acted upon.
- Records showed investigations into accidents and incidents were thorough and conducted openly, with people and families involved in any resolution. This showed the registered manager acted with a commitment to the duty of candour. The provider did not have a policy outlining their commitment to the duty of candour, however they told us they would develop a policy in this area to support their work.

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

- People had been asked their views and opinions about the service. For example, we saw the registered manager held regular discussions with people about different topics including, the choices of meals, decoration of the home and planned maintenance, trips out and activities and if people knew how to complain.
- The registered manager also asked people to complete a paper survey on various issues about the service.

Actions in response to people's views and feedback had been taken, for example, we saw one person was given more information on how the laundry system worked. These discussions helped to ensure people were engaged and involved about the service.

- Staff told us they found staff meetings useful and they felt their views and opinions were welcomed by the registered manager.
- Assessment processes were in place to ensure any equality characteristics were discussed with people. People we spoke with told us they felt their needs were met.

Continuous learning and improving care; Working in partnership with others

- Staff told us they were part of nationally recognised good practice initiatives for dementia care and dignity in care. They told us this helped them share ideas to improve care to people. Records showed team meetings, as well as supervision meetings with staff reflected on any learning and reinforced good practice.
- The registered manager had recently made changes to the staff rota with the aim of improving people's experiences of care; this had been based on feedback from staff. These are examples of how the provider worked towards continuous learning and improvements.
- Staff worked with a range of health and social care professionals to achieve good healthcare outcomes for people. For example, staff worked with social workers, district nurses and GP's. The service had procedures in place to ensure information was shared with healthcare professionals in an emergency, for example, if a person needed a hospital admission.