

# Linden Care Homes Limited

# Linden Grange

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

We inspected this service on 6 and 7 September 2018 and the inspection was unannounced.

Linden Grange provides accommodation with personal care for up to 35 adults. It is one of three care homes provided by Linden Care Homes Limited. The home has two floors, the ground floor provides accommodation, care and support to up to 23 people and the first floor for up to 12 people. Both floors have communal lounge and dining areas and share enclosed accessible gardens from the ground floor lounge. At the time of this inspection, 30 people lived at the home, some of whom were living with dementia.

A requirement of the services' registration with us is that they have a registered manager. 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. At the time of this inspection the home had a registered manager in post. The manager in post had become registered with us during August 2018.

We last inspected this service on 31 May 2017 and gave an overall rating of Requires Improvement. There were two breaches of the Health and Social Care Regulations, these related to the safety of the service and how well led the service was.

As a part of this inspection, we looked to see whether the provider had made the required improvements. We found they had, and improvements made by the registered manager and provider ensured people received a safe, effective, caring, responsive and well led service. We gave a rating of Good.

The provider had effective systems to monitor the quality of the service people received and made improvements when needed.

Medicines were stored and handled safely. People had their prescribed medicines available to them. People were supported with their medicines by staff who had been trained to administer medicines safely.

There were sufficient trained staff on shift who had been recruited in a safe way so as to ensure people were not placed at risk of abuse, harm or injury.

Risks management plans described the actions for staff needed to take so that risks of harm or injury to people were mitigated.

Staff on shift met people's individual needs. People felt well cared for by kind and compassionate staff.

Staff received training and used their skills, knowledge and experience to provide safe, effective and responsive care to people.

Further information is in the detailed findings below.

## 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 received their medicine safely and as prescribed from trained staff. People's needs had been assessed and risks to their safety were identified and managed effectively. Staff were recruited in a safe way and understood how to protect people from the risks of abuse and how to report safeguarding concerns.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led.

People, relatives and staff felt the management were approachable and would listen to any concerns raised. Staff felt supported in their roles and valued by the registered manager and provider. There were quality monitoring systems in place to identify any areas needing improvement. Where issues had been identified, action had been taken to address them.

# Linden Grange

## 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 comprehensive inspection visit took place on 6 and 7 September 2018 and was unannounced. Opportunity for people, relatives and staff to give us feedback following our visit, was given by us leaving a poster displayed in the home informing them about our inspection. Two inspectors, an assistant inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We previously asked for a Provider Information Collection (PIC) and this was sent to us during April 2017. This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. During our inspection visit, we gave the provider the opportunity to update us with their plans for the service.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection visit we spoke with 10 people at the service and eight relatives. We spoke with four care staff, the activities co-ordinator, the cook, the trainee deputy manager, the registered manager and provider general manager. We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if

people experienced good standards of care.

We reviewed four people's care plans, daily records and one person's district nurse healthcare notes. We also reviewed 10 medicine administration records. This was so we could see how their care and support was planned and delivered. We also looked at other records, these included three staff recruitment files, and the provider's quality assurance audits. This was so we could see how the registered manager and provider assured themselves people received a safe and well led, quality service.

## Is the service safe?

### Our findings

At our previous inspection in May 2017, we found a breach of the regulations relating to the safety of the service. People's medicines were not consistently handled or managed in a safe way and checks of medicine records had not always been undertaken. We rated the safety of the service as 'Requires Improvement.'

At this inspection we looked to see whether the required improvements had been made and found they had. The registered manager and provider had made several changes to ensure the management of people's medicines were safe. The safety of the service is now rated as Good.

Medicines were stored, managed and given to people safely and in accordance with best practice. Staff told us they had received further training in administering and handling medicines since our last inspection. One staff member told us, "The training was so much better, I learnt a lot." Another staff member said, "The training was given to us by the registered manager, who used to be a registered nurse. I feel so much more confident now since that training."

The registered manager told us changes had been made to the medicine system used and this change had led to safer and improved practices. Some changes continued to be 'work in progress'. For example, one staff member told us, "Small envelopes have just been put into place for a tablet that needs to be returned to the pharmacy. We put the tablet in and record the details on the front. These are then locked away until they are returned to the pharmacy for safe disposal." The registered manager explained envelopes had been made available for staff to use for any tablets that people had not taken for a specific reason and were no longer required. The registered manager told us this was to continue to improve records of medicines 'returned' to the pharmacy for safe disposal.

Where medicines were prescribed on an 'as required' basis, detailed information was in place to guide staff in what circumstances they should be given.

The provider had a safe system of recruiting staff to ensure their suitability to work with people. Staff files looked at recorded the pre-employment checks that had been undertaken and staff told us they 'were not allowed' to start working at the home before checks had been made.

There continued to be sufficient staff on shift. People told us their 'buzzers' were promptly answered by staff and we saw this was the case during our inspection visit. A few relatives told us they could not always see 'staff about.' However, we saw staff were always present in the ground floor lounge where people living with dementia chose to spend their time. On a few occasions when staff were not always present in the first-floor lounge, this was for less than five minutes. During one teatime meal, one person told us "They (staff) will be back in one minute, they've just taken someone's sandwiches to them." Staff did return very quickly and were available to support people if needed in the lounge.

People told us they felt safe from the risks of abuse while living at the home. Staff understood the importance of reporting any concerns they had and knew what information they had to escalate to us if they

felt issues were not listened to. One staff member said, "I'd speak with the manager straight away, I know they would listen and act on things." The trainee deputy manager told us they felt 'sure' both the registered manager and provider would act on any concerns raised. They added, "If I felt any abuse concern was not responded to, I'd go to the local authority and you (CQC). But, I have confidence in the manager and provider that things would be addressed." The registered manager understood the need to report any safeguarding concerns to the local safeguarding authority and to us (CQC).

Risks of harm or injury to people were assessed. People's care plans contained details of actions staff should take to reduce risks to people. Staff were, for example, able to tell us how they reduced the risk of people falling. One staff member told us, "We make sure people at risk of falls always have their buzzer close to them, their footwear is good and fits well, and they always have their walking aid close to them."

Some people were identified as being at 'high risk' of developing sore skin. We found equipment was in place, such as airflow overlay mattresses and special cushions for people to sit on. Staff told us if they saw a person's skin had become 'red or sore' they would tell the registered manager and the visiting district nurse would check the person's skin.

One person had an area of skin damage and had been referred to the district nurse. This person was visited by the district nurse regularly who changed their dressings and monitored their damaged skin for any changes. The district nurse's notes recorded this person should be encouraged to have their leg elevated or resting on their special cushion. However, this advice had not been incorporated into the plan of care used by staff at Linden Grange. When we checked this person when they were sitting in the lounge, we found their special cushion was in their bedroom, their leg was not elevated and no foot stool was close to them. We discussed this with the registered manager and immediate action was taken. Staff placed a footstool close to this person who then elevated their leg. The registered manager assured us people identified as 'at risk' of developing sore skin, or who had damaged skin, would have a care plan put into place to remind staff of the actions they needed to take on a day to day basis. They told us checks would be made to ensure staff were following the plans to mitigate the risks of skin damage and promote healing.

There was a fire alarm system in place and people had Personal Emergency Evacuation Plans (PEEPS) which informed staff, and emergency services, of the level of support people would need in the event of an emergency. Staff knew where special equipment, such as evacuation mats, were located and how these should be used in the event of a fire.

The home was clean and tidy and cleaning schedules for housekeeping staff ensured the home was regularly cleaned. We found a few bedrooms had not received their planned deep-clean due to recent staff holidays and some thick dust had built up on some surfaces. One person whose bedroom was dusty had a health condition that could potentially be impacted by dust. We discussed this with the registered manager and immediate action was taken to clean the room. The registered manager assured us this was not the accepted practice and in addition to recruiting a new housekeeping staff member, others were back from leave and the usual standards would be maintained in deep cleans. Staff had received training so they understood the importance of good hygiene and safe infection control measures, such as using personal protective equipment where necessary.

The provider had a process for ensuring lessons were learned when things went wrong. Staff understood their responsibility to report and record any accidents and incidents. The registered manager reviewed reported accidents and incidents and recorded actions taken to reduce risks of reoccurrence.



## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

Staff felt they had the knowledge and skills they needed for their job role. One staff member told us, "I think the training has improved since you (CQC) were last here. For example, the manager does medication training and that is better. We've also had 'Aim to Hydrate' training which was good and told us about the importance of always encouraging people to drink."

All new care staff completed the provider's induction training, and worked alongside more experienced staff (shadowing). Staff also completed the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support. Most care staff had worked at the home for numerous years and had completed a nationally recognised vocational qualification in health and social care.

The registered manager told us they planned to offer further developmental opportunities to care staff who wished to undertake a level three health and social care qualification. The trainee deputy manager told us, "I've recently enrolled on my level five leadership and management diploma and am looking forward to getting started on that for my new role."

People's nutritional and hydration needs were met. People were very positive about the quality of the food offered and told us they had choices of food and drink. Mealtimes were unrushed and people had a choice of where they ate their meals. Staff offered support and prompts to people when needed to encourage them to eat and drink.

People's weights were monitored by staff to identify those people at risk of not eating or drinking enough to maintain their health. The cook gave us examples of the varied high-calorie snacks they placed on the 'snacks and drinks trolley' and staff could tell us which people they needed to encourage to have additional high-calorie snacks.

Monitoring of people's fluid and food intake took place when needed. The registered manager told us if concerns were identified with specific people's food and / or fluid intake, detailed recordings would be kept so monitoring could take place. The registered manager told us staff aimed to encourage every person to drink eight cups / glasses of drink each day, though if there were specific concerns a fluid target would be identified for the individual. Records showed referrals to healthcare professionals, such as dieticians and GPs, had been made when needed.

People were supported to access healthcare services. This included GPs, optician and dentistry services. District nurses visited the home each day to support people's healthcare needs, such as giving insulin

injections.

There was a collaborative approach to maintaining people's health. Staff told us one person had booked themselves a cruise and they (staff) were working with the district nurses to support this person's skills in managing their healthcare condition in preparation for their holiday. One staff member told us, "This person can do their own blood glucose monitoring each day, but we always support and guide them each day so they keep the skills they need. This is important for them so they can go on their holiday."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff gave people choices and understood the importance of gaining people's consent before, for example, supporting them with personal care. Staff understood that when people may not be able to make simple choices, they must act in the person's best interests based on their knowledge of people's likes and dislikes.

The registered manager told us three people had an approved DoLS and a further nine applications had been made to restrict people's liberty.

Some key-coded doors were used within the home to maintain people's safety and security. Both staff and the registered manager told us if any person living at the home, who had capacity, wished to have the code they would be given this. We discussed this with the registered manager and provider as this arrangement meant people with capacity were dependent on asking staff for the code if they wished to open coded doors. The registered manager and provider assured us this arrangement would be changed to display the code in an accessible way for people who had capacity to make their own decisions. None of the people, with capacity, spoken with told us of being restricted in any way.

People's needs were met by the adaptation, design and decoration of the premises. Linden Grange is a purpose-built care home with 35 individual en-suite bedrooms. Wide corridors provide easy access to the communal dining rooms and lounges on each floor. Garden space, with vegetable growing areas and a greenhouse, were accessible from the ground floor lounge. One person told us, "It's been lovely during the summer going into the garden for fresh air and sunshine."

## Is the service caring?

### Our findings

People received the same level of kind care and support as at our previous inspection. The rating continues to be Good.

People made positive comments to us about the staff that provided care and support for them. One person told us, "I can honestly say all of the staff here are caring toward me." Another person said, "They show they care by the way they gently wash me."

During our inspection visit we observed people were relaxed with staff and friendly interactions took place. Staff took opportunities to start a conversation with people, such as at mealtimes and asked whether people were enjoying their food.

People continued to feel happy living at the home and involved in making decisions about their care and support. Staff had worked at the home for a long time and knew people well. One staff member told us, "I've worked here over eight years, it's good to get to know people and how they like to be cared for."

People were supported to maintain important relationships to them. Staff told there were no set 'visiting hours' and people's relatives and friends were able to visit without restriction. One staff member told us, "If relatives want some privacy with their family member, but not in the person's bedroom, they can use 'the bridge.' Some people have had a meal together there or just chat and a cup of tea." 'The bridge' was an area on the first floor of the home, which contained tables and chairs, and tea and coffee making facilities for relatives to use.

Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. They gave people choices and ensured their preferences were respected. One person spoke English as their second language and staff had printed off key phrases in this person's first language to refer to if needed.

Staff gave us examples of how they encouraged people's independence. One staff member said, "Some people can manage to do more themselves than others, so we have to encourage people's skills whenever possible." Another staff member told us, "[Name] struggles a bit to feed themselves at mealtimes, but does not like us to sit and support them. We give them space and just offer prompts and encouragement." We saw staff offer this person alternative cutlery and a beaker with handles because they found lifting their glass of drink difficult.

People told us staff maintained their dignity. One person said, "I can have a shower whenever I want to, they (staff) always close the doors when they help me and make sure it's private." Staff supported people to look nice and feel good about themselves. One relative told us, "The ladies here enjoy having their hair done, the hairdressers come and it's a lovely bustling atmosphere with them all gossiping and having their hair done."

## Is the service responsive?

### Our findings

At this inspection, we found people continued to receive care that was responsive to their needs and the rating continues to be Good.

People made positive comments to us about living at the home. One person told us, "All the staff are kind here, there's not one where I think, 'oh dear, not them,' they are all good." Another person told us, "I feel involved in making my own decisions, like when I get up, if I have a shower, when I go to bed. We don't have set rules here, but can make choices."

People had care plans that were personalised to their needs. These told staff how people needed to be supported and the level of assistance that was required. People had the opportunity to give as much personal history as they wished to. Most people had chosen to complete a 'This is Me' section to their care plan which gave staff details of people's previous employment, family details and hobbies. One staff member told us, "I like to learn about people and what they've done, we can chat about things then."

Staff felt improvements had been made to people's care plans. One staff member told us, "They are more detailed now, easier to follow. It's a better layout overall. I prefer the new style."

On the days of our inspection visit, the service was not providing end of life care to anyone. However, the registered manager told us they would always aim to meet people's wishes, whenever possible. They added they would work with other healthcare professionals to provide end of life care for people who wished to remain and pass away at the home. The registered manager told us about two bereavements, just prior to our inspection visit. They explained end of life care had been given to enable those people to remain in their home, with staff who knew them well.

People were supported to engage in both group and individual social activities and maintain their hobbies. Over the course of our two-day inspection visit, we saw some people joined in a geography 'name the country' game, other people took part in a bingo session and we saw some people have one to one time with a staff member, for example, to read a magazine article.

The home had a hair salon and since our last inspection had developed a nail salon, where people could have nail manicures if they wished to.

Some people preferred to spend time in their bedrooms and chose not to join in group social activities. One person told us, "I like to do one to one things with staff. When they can, they have supported me to visit the town shops so I could buy myself some things I needed. Also, I like to attend a local friendship group and staff have supported me to attend."

People and their relatives told us they had no complaints about the services they received. People said they would speak with staff if they needed to complain about anything. The provider's complaints policy was displayed in the reception area of the home, so people had the information they needed, should they wish

to raise a concern. At the time of our inspection visit, the registered manager told us no complaints had been received during 2018.

## Is the service well-led?

### Our findings

At our previous inspection in May 2017, we found a breach of the regulations relating to how well led the service was. The provider's systems and processes to monitor the safety and quality of the service did not always identify where improvements were needed. The provider's checks had not always ensured actions, where risks to people's safety and wellbeing had been identified, were effectively managed. We rated how well led the service was, as 'Requires Improvement.'

At this inspection we looked to see whether the required improvements had been made and found they had. The registered manager and provider had made improvements to the systems and processes to monitor the safety and quality of the service. We gave a rating of Good.

People's views and feedback was sought. People or their relatives could give feedback to the registered manager at any time, as they were on site and operated an 'open door' policy. During our inspection visit, relatives visited the registered manager in their office to give positive feedback. One relative told us, "I can always see the manager if I wish, they are here most days and I like to catch up with them. I'm happy with everything."

People and their relatives had opportunities to give formal feedback through questionnaire surveys. However, most people and their relatives told us they would not wait to be sent a survey but felt staff and management were approachable at any time. One person living at the home told us, "I can speak with staff and tell them what I think, I'd give them 9/10."

Staff were supported by the management team. Staff told us they felt the registered manager was 'always available' to support them. One staff member told us, "I can always go to the manager if I need to ask them something. If they were not here, we have care supervisors on shift, but I could always phone the manager." The provider's management team for the three care homes they operated shared an 'out of hours' on-call support if staff needed to contact them for advice and support. The provider was also available to be contacted, for example, in the event of an emergency situation or guidance being needed by a manager.

Staff told us they felt improvements had been made to the services provided to people. One staff member said, "Since you (CQC) last came here, there's been big improvements made. Everything is better." We asked staff to give us examples and they told us 'care plans are more detailed,' 'activities for people living here are much better,' 'the way we handle people's medicines is safer' and 'the manager is more approachable.'

Staff felt happy in their job roles and were supported through one to one supervision meetings, team meetings and training opportunities. Staff felt listened to and able to raise issues during meetings. One staff member told us, "Earlier this year, we had a team meeting and discussed the medication system. It just wasn't working well. We all agreed the Monitored Dosage System (MDS) blister packs worked more effectively, the manager listened and since we changed back to that system, things have been better."

Staff were encouraged to work within the values of the home. Notice boards displayed promoted the

provider's values; such as working as a team and treating one another with dignity and respect. The provider recognised the contribution of staff and a newsletter praised 'long-service.' One staff member told us, "I felt really valued when I received a bunch of flowers. I've received other things as well in recognition for hard work, such a box of biscuits. It's a good place to work."

Improvements had been made to the quality assurance system to ensure people received a safe, effective and responsive standard of care. Audits were planned for, and undertaken on a monthly, quarterly or annual basis. For example, medication, call bell response times, and environmental checks; including infection control and cleanliness were undertaken monthly and actions had been taken to make the required improvements. Audits completed less often, such as mattress checks were effective in identifying where the provider had needed to replace worn items.

The registered manager told us about their monthly 'infections' audit which logged anyone who had one or more infections, how these were managed and the outcomes of these. Actions recorded one person had 'responded well to antibiotics' and noted if another person had a recurrent urine infection, a sample needed to be sent for investigation. This enabled the registered manager to monitor infections and ensure appropriate actions were taken by staff.

Accidents and incidents were analysed. During June and July 2018, a total of 14 accidents were recorded, seven of which resulted in no injuries and seven minor injuries. For each recorded accident, the registered manager had recorded details and actions taken to ensure the safety of the person and minimise future risks of reoccurrence.

Linden Grange had been re-awarded 'five stars' by the Food Standards Agency in March 2018; the highest rating for food hygiene.

The registered manager and provider told us of their plans to work in partnership with other agencies to drive forward improvements to the services they provided. These included working on a project with George Eliot Hospital in relation to infection prevention.

The provider's commitment to providing quality care had been recognised by other organisations. The provider told us they had been re-awarded four nationally recognised awards during 2018 for the Linden Care Group. These were 'Investors in People' award, The 'Gold Standards' framework for end of life care, 'Heartbeat' Award for catering and the International Organisation for Standardisation (ISO) for Business Management, Health and Safety and Environmental Management.

The registered manager understood their role and their responsibilities to report issues and concerns to CQC.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating in the entrance reception area of the service and on their website.