

Linden Care Homes Limited

Linden Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Linden Lodge Residential Home is a care home providing accommodation and personal care for up to 34 people. At the time of the inspection 29 people were living there including older people who may be frail due to older age or people with dementia. The home is a purpose built three storey building with ensuite bedrooms and care across the three floors. Each floor has a communal lounge and dining areas. There is a communal garden area.

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

At our last inspection we found some concerns related to how the risks to people's health, safety and welfare were managed and this did not meet the regulations. Improvement was needed to the effectiveness of the oversight of the service. Following our last inspection, the provider sent us an action plan telling us what actions they were going to take to improve the service.

At this inspection we found some improvements had been made and some governance systems had been improved, however, the safety of the service and governance were not yet fully effective because they had not identified issues we found during this inspection.

Whilst people and relatives were happy with the care and service they received, we found risks were not always well managed and staff did not always identify or act on risks of potential harm or injury. Risk assessments had not always been completed accurately. We could not always be assured actions to mitigate harm or injury to people had been taken by staff because they had not completed important records.

Some improvements had been made in some areas of the safe handling of medicines, but further improvements were needed. We could not always be assured people received their medicines as prescribed due to discrepancies in stock.

Where incidents had occurred, learning had not always taken place to reduce risks of reoccurrence. Quality checks were in place but these had not always been effective.

Improvements had been made to fire safety and people were protected from the risks of abuse.

The home was clean and tidy and systems and processes were in place to protect people from the risks of infection. Staff observed and followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

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.

There were sufficient staff on shift and staff felt well supported in their roles. There was a positive culture at the home and people living there were involved in their care and able to give feedback.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 15 November 2019) and there was a breach of regulation 12. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of the regulations.

Why we inspected

This inspection was carried out to follow up on an action plan we told the provider to take at the last inspection. The provider had contacted us to inform us they had improved and felt their current rating was no longer reflective of the service they provided. We undertook a focused inspection in the areas of Safe and Well Led as these were the areas that had required improvements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained unchanged at Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Linden Lodge Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

Following our inspection feedback, the registered manager and provider shared evidence of some immediate actions they had taken to make improvements.

We will send the provider a formal letter requesting an action plan to understand what they will do to further improve their quality assurance systems. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Linden Lodge Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by three inspectors. Two inspectors undertook an onsite visit to the care home. Another inspector gathered feedback offsite from people's relatives about the service provided.

Service and service type

Linden Lodge Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 September 2022 and ended on 14 September 2022.

What we did before the inspection

The provider completed a Provider Information Return (PIR) during May 2022. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spent time in the communal area observing the support people received. We gained feedback from three people's relatives. We spoke with 10 staff members including carers, supervisors, team leaders, housekeeping staff, and the activity staff member. We also spoke with the deputy manager and registered manager.

Our inspection also included phone and a video call with the registered manager and provider following the site visit to ask follow-up questions and give feedback. We reviewed a range of records. These included two people's full care records and multiple people's risk management assessments and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies, audits and health and safety and fire safety records were reviewed.

Following our inspection feedback, the registered manager shared evidence with us about immediate actions taken to make improvements.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant people were not always safe or protected from avoidable harm.

At our last inspection the provider had failed to ensure safe care and treatment. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some improvements had been made in some areas, we found the provider continued to be in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks were not always identified or well managed. For example, one person had been identified as having skin damage for over six months. Whilst this person had professional healthcare involvement, their care plan directed care staff to reposition them at set time intervals to reduce further risks of skin damage. We found gaps in repositioning records of up to six hours during the daytime when records should have recorded this person had been repositioned every two hours. One staff member told us they did not know how often this person should be repositioned.
- Action was not always taken to ensure equipment was working effectively. One person had a special mattress in place to reduce risks of skin damage. However, we saw staff had recorded the warning light had been flashing since 26 August 2022 and was flashing on the day of our inspection. There was no evidence that any action had been taken to ensure the mattress was working as intended, and this posed risks of further skin damage to this person.
- Risk assessments were not always completed accurately. For example, one person's risk assessment for their nutrition stated that they were of 'normal weight' when this person was nutritionally at risk due to being very underweight. This person required additional monitoring of their food and fluid intake. We checked this person's food and fluid charts and found gaps and inconsistencies in the level of detail. These gaps included how many high calorie drinks and snacks they had been offered in line with dietician recommendations.
- Pre-admission assessments were not always formally recorded. We found one person had no recorded assessment of need prior to moving into Linden Lodge care home. This person had a catheter. We checked with the registered manager who confirmed that a formal pre-admission assessment did not take place because they had relied on information from someone they knew. This posed potential risks that some information may not have been accurate, or may have been missed, which could impact on the effectiveness of monitoring risks to this person's health and wellbeing.
- Potential hazards that could cause harm to people were not always identified. The registered manager told us that prescribed thickener (to thicken drinks for those people with swallowing difficulties) was stored securely in the medicine cupboard. However, we found two tubs of thickener in a person's bedroom which could have been accessed by other people at the home, who experienced confusion. Thickener has been subject to patient safety alerts due to the risk of choking if it is ingested and must be stored safely. We fed

this back immediately and the registered manager assured us action would be taken to ensure it is stored safely in future.

- Records to monitor people's diabetic needs were not always completed. A person with diabetes was required to have their blood sugar levels tested and recorded twice daily to ensure they remained within a safe range. There were significant gaps in records to demonstrate this was being carried out as required.
- Although staff knew people well and how to support people while reducing risks to their health and safety, risk management plans were not as robust as they could be. For example, one person had diabetes. Whilst there was a general information sheet about the risks presented by diabetes, this information had not been transferred into a person-centred risk management plan. We also found the same issue related to a person with a catheter.

Using medicines safely

- The provider had recently introduced an electronic medicines management system. The system had a process of checks and prompts which supported safe medicines practice. However, the electronic medication administration record (EMAR) completed by staff did not provide assurance to us that people received their medicines as prescribed because we found stock discrepancies.
- We checked three people's medicines and found stock discrepancies in each. Discrepancies included pain relieving skin patch medicine essential for a person's wellbeing. The amount of medicines recorded differed from what was in stock. This meant staff may potentially not always have administered the prescribed dosages to people.
- As and when ('PRN') medicine protocols needed improvement. One person was prescribed a medicine to be given as required to reduce their anxiety. There was limited guidance to inform staff when this should be given. More detailed guidance would ensure staff worked consistently to provide reassurance and distraction during periods of distress, so the person did not receive medication when it was not necessary.

This was a continued breach of regulation 12(1) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people identified at high risk of developing skin damage had pressure relieving mattresses on their beds. Since our last inspection the provider had introduced a system to ensure they were on the correct setting to support people's body weight.
- Improvement had been made since our last inspection in fire safety. Fire drills and fire scenario evacuations had taken place to assure the registered manager and provider that enough trained staff were on shift to cope with an emergency situation.
- We observed a staff member giving people their medicines. Whilst the staff member stayed with people to ensure they had taken their medicines, there was a lot of noise and activity in the immediate area which had potential to distract them from their task. This is further reported on in our well led section of this report.
- At our last inspection we found transdermal (skin) patch medicines were not being recorded and administered in line with manufacturers guidelines. At this visit we found improved practices when skin patch medicines were administered. These were now recorded on body charts to show staff where the patch had been administered.
- Improvements had been made to support the administration of medicines covertly. Covert medicines are disguised in food or drinks. Records had been completed to evidence there had been a mental capacity and best interests assessment to ensure it was in the person's best interests'. Guidance from the GP and pharmacist had been sought and was followed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- However, Mental Capacity assessment documentation required improvement as they did not always evidence how decisions were made. Care records reviewed did not show what steps were taken to promote the person's involvement in the decision making process.

Staffing and recruitment

- Recruitment processes included Disclosure and Barring Service (DBS) checks and reference requests. However, we were not assured that some references obtained provided robust reassurance of the person's suitability, based on impartial feedback. For example, two members of staff had provided references for each other, and the provider had not taken action to obtain alternative references. Following our inspection feedback, the registered manager assured us additional references would be sought.
- The registered manager ensured there were enough staff to meet people's individually assessed needs. Any gaps on the rota were covered by temporary staff employed through an agency.
- Staff told us there was enough of them to provide people with the support they needed, and we saw a staff presence in communal areas was consistently maintained. One staff member commented, "We have been short staffed, but [registered manager] got agency in so it was kept at a normal level."

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to recognise the signs of abuse. Staff had a good understanding of what to do to make sure people were protected from the risk of harm. Staff told us they would report any concerns to senior staff or the registered manager. One staff member commented, "That would be reported immediately, it would not be tolerated by me. I would report it to the supervisor or [registered manager] if she was here."

Learning lessons when things go wrong

- Records were kept in relation to any accidents or incidents that had occurred, including falls. The registered manager told us they shared reviews of people's falls risk assessments with staff to reduce reoccurrence.
- Overall, the registered manager checked accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again. For example, when it was identified more falls occurred in the early evening, a new shift between 5.00pm and 10.00pm had been introduced to provide extra staff support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was facilitating visiting in line with government guidance and there were no restrictions on visitors.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Where incidents had occurred, investigations and root cause analysis' were not always sufficiently robust. For example, one investigation did not examine the possible reasons for human error, such as noise distractions and the location of the staff member with the medicine trolley. We found potential risks for medicine errors, due to potential distractions, remained present during a medication round we observed.
- Further improvements to quality assurance processes were required. We found evidence the provider had made changes, but improvements had not gone far enough. Action was required by the registered manager and provider to address the effectiveness of quality monitoring to ensure areas which required further development were identified. For example, checks to ensure people received their medicines as prescribed.
- Increased scrutiny by the provider was required to ensure the needed improvements were made, sustained and embedded into the service. For example, to ensure risk management was robust.
- Oversight of important records did not always take place. Where we found gaps in important information related to people's care, these had not been identified or acted on by the registered manager.
- Reviews of people's identified risks did not always take place as planned. For example, one person's 'waterlow' assessment tool had last been completed during January 2022 and should have been reviewed and updated every three months. 'Waterlow' is a recognised tool to assess a person's risk of skin damage.
- Care plan audits had not always identified where improvements were needed. For example, where information available to staff was generic and not personalised to individual needs. This meant staff may potentially have missed signs of deterioration in a person's health condition.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems to review and assess people's mental capacity were not effective. Whilst we did not identify any restrictions on people's liberty, and staff acted within the principles of the Mental Capacity Act 2005, we found documentation completed to assess people's capacity sometimes contained conflicting information. Assessments required more detail to evidence how decisions about a person's capacity had been made. Quality checks had not identified these issues. Following our discussion with the registered manager about the inconsistencies in information recorded, they assured us new forms would be used and put into place.

- Following our inspection feedback, the registered manager and provider took some immediate actions to make improvements. The registered manager informed us the location of the staff member undertaking the

medication round had been moved to a quieter location. Numerous recording forms had been reviewed with more detailed information and delegated responsibility to staff members to undertake checks each shift. Personalised plans of care related to healthcare conditions were being put into place and further training was taking place for staff. This included risk management and other topics to refresh staff's knowledge.

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

- The registered manager understood their legal responsibilities to inform us (CQC) and the local authority about specific incidents that occurred within the home; using statutory notification forms. Overall, the registered manager did this and we had received statutory notifications as required. When we discussed a recent incident which they had not told us about in a timely way, the registered manager told us they had not known which form to use and assured us a statutory notification would be sent to us, which it was.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed working in the home and felt fully supported by the management team. Comments included: "Managers try to make changes for the benefit of the staff and the people" and, "I have never had a problem approaching [registered manager]. She is always very open to us going in to talk about any problems or issues."
- Staff explained they worked as a team and spoke of a shared purpose to ensure positive outcomes for people. One staff member told us, "It is a tight team so everyone is there for everyone. There is always someone to talk to if you need support." Another staff member said, "The staff are pretty good, and the staff all pull together."
- People were kept active and stimulated through a varied calendar of activities, for which people gave us positive feedback. This included shows and armchair exercises for example. One person said, "It's brilliant, [member of staff] always has something on. We had a show the other day, a drag artist and it was absolutely fantastic."

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

- The provider and registered manager encouraged feedback from people, relatives and staff through questionnaires to improve the service people received. The registered manager told us they used feedback to improve the services.
- Relatives spoken with shared positive feedback with us about their loved one's care and support.
- The registered manager explained meetings for people and staff had been suspended due to the COVID-19 pandemic but had plans to resume them now restrictions had been lifted.
- Staff had regular handovers between shifts to share information about people which enabled them to offer consistency of care and support.

Working in partnership with others

- The provider was involved in a local initiative which involved regularly monitoring people's oxygen levels, pulse rate and blood pressure to identify signs of ill-health early to reduce demands on GP and hospital services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager and provider did not always assess the risks to the health and safety of service users or do all that was reasonably practicable to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider did not always assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity. The provider did not always assess, monitor and mitigate the risks relating the health, safety and welfare of service users.