

Mr & Mrs K Khistria

Linden House Care Home

Inspection report

Linden House
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Blackburn
Lancashire
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Tel: 01254690669

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30 January 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection at Linden House on 29 and 30 January 2018. The first day of the inspection was unannounced

Linden House is a single storey 'care home' for up to 41 older people and adults with physical disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Since the last inspection a new unit for up to 22 people living with dementia had been opened. There were 49 people accommodated in the home at the time of this inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service was managed by 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. The registered manager was supported in the day to day running of the home by a general manager and a deputy manager.

Improvements needed to be made to the way medicines were handled in the service. In particular, the recording of when prescribed topical creams were administered needed to be improved.

People told us they felt safe in Linden House and received good quality care. Staff had been safely recruited and there were enough staff on duty to meet people's needs in a timely manner. People told us staff were kind, caring and respectful of their dignity and privacy.

We observed staff at the home communicating with people in a kind and caring way. People looked relaxed and comfortable and moved around the home freely.

Staff received the induction, training and supervision necessary to enable them to provide safe and effective care.

Care records accurately reflected people's needs. Staff were knowledgeable about the support people needed as well as people's preferences in relation to their daily routines.

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

Systems were in place to help ensure people's health and nutritional needs were met. People told us the quality of food was generally good.

The environment had been extended and refurbished to a high standard since the last inspection. A range of technology was used within the home to help ensure people received care that was responsive to their needs.

People were encouraged to provide feedback on the care they received. We reviewed the responses from the most recent survey carried out by the provider and noted a high level of satisfaction had been expressed about all areas of the service.

We found that audits and checks of the service were completed regularly and were effective in ensuring that required levels of quality and safety were maintained at the home.

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?

Requires Improvement ●

The service remains Requires Improvement.

Improvements needed to be made to the way medicines were handled in the service.

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 remains Good.

Linden House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 January 2018. The first day was unannounced. The inspection team on the first day consisted of one adult social care inspector, a specialist advisor in the care for people living with dementia an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector returned to the home on the second day to conclude the inspection.

In preparation for the inspection we contacted local commissioners, the safeguarding team and Healthwatch for feedback and reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We observed care and support in the communal and dining room areas during the visit and undertook a tour of the home. We spoke with the registered manager, general manager, deputy manager, five care staff, one domestic staff and the two cooks on duty. We spoke with eight people living in Linden House and six relatives/friends, one of whom was also a volunteer at the home. We also spoke with a district nurse and a GP who visited Linden House during the inspection.□

We looked at a sample of records including six people's care plans and other associated documentation, six staff recruitment files, staffing rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and

quality assurance audits. We also looked at the results from the most recent survey carried out by the provider.

Is the service safe?

Our findings

At our last inspection we made a recommendation that the provider reviewed how staff were deployed at busy times; this was to ensure people's needs were always met in a timely manner. During this inspection no concerns were raised with us about staffing levels. Our observations showed staff responded promptly to meet people's needs, although staff told us they had little time to spend with people other than when providing care.

We found systems needed to be improved to ensure the safe handling of medicines. During the first day of the inspection we saw the medicines trolley was left open, unlocked and unattended for very short periods of time on four occasions; this was because the staff member responsible for administering medicines was distracted by either other staff or people who used the service. When we reminded the staff member that the medicines trolley should be monitored at all times, they asked another staff member to supervise the trolley to avoid any further instances. We saw the trolley was kept locked when unattended at all times during the second day of the inspection.

We checked the medicine administration records for nine people. We found all records were fully completed. However, we noted that records relating to the administration of topical creams had not always been fully completed. Five people's topical cream records showed they had not had creams administered as prescribed on several days. However, we were advised by staff and the visiting district nurse that there were no concerns about people's skin integrity.

During the inspection we observed volunteers in the service used a prescribed thickener when they gave a person a drink. We asked these volunteers if they were aware of the correct consistency at which liquids should be given to the individual. Neither person were aware of this information; this meant there was a risk the person could be at risk of choking. When we mentioned this to the registered manager they told us they would ensure thickeners in drinks were only served by trained care staff.

All the people spoke with during the inspection told us they felt safe in Linden House and free from discrimination. Comments people made included, "I do feel safe here, the staff are always around", "I feel very safe here. I prefer to be here than at home" and "[Name of relative] is definitely safe here, I wouldn't leave her here if I felt otherwise."

Staff told us they had received safeguarding training and the records we looked at confirmed this. The staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. Safeguarding incidents had been reported to the appropriate agencies and appropriate follow up action had been taken where necessary.

Records we reviewed confirmed recruitment processes in the service remained sufficiently robust to protect people from the risk of unsuitable staff.

We saw that effective processes were in place to manage risk. Environmental risk assessments were in place

and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans and kept under review. Assessments were completed of the risks and benefits of providing equipment to help people mobilise safely in the home. Records were kept of any accidents and incidents that had taken place at the service and the information was analysed for any patterns or trends.

We found the home all areas of Linden House were clean with no offensive odours. We spoke to the staff member who was the designated infection control champion. They were able to tell us how the risks of cross infection were effectively managed in the home.

Is the service effective?

Our findings

People told us they were happy with the care they received in Linden House and that staff were knowledgeable about their needs. Comments people made included: "It's very good here. I'm looked after well by the staff. I was a bit awkward with them at first but it was just the shock and the medication. I toilet myself now but I have a member of staff to help me shower" and "I'm quite happy with the staff, they're fine. I'd give them 10 out of 10. Last week, they took me for a shower. I can shower on my own but sometimes they'll stay and chat with me."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Records also confirmed staff received regular supervision and that the registered manager used these meetings to give feedback to staff about their performance. Training needs were also discussed; this helped to ensure staff were supported to keep up to date with the knowledge and skills necessary to provide effective care.

New staff were provided with an induction to the service which included the completion of mandatory training and the shadowing of more experienced staff. All new staff were also enrolled on a nationally recognised programme of training if they had not already completed this qualification.

Care records showed that a pre-admission assessment was carried out before people moved into the home. This assessment was used to create care plans and risk assessments relevant to each person's individual needs. Care records contained detailed guidance for staff but we found it was difficult to navigate the care files in order to find the most up to date information. When we mentioned this to care coordinator responsible for updating all care records, they took immediate action to put dividers into the files to separate the care plans. We were also told an electronic care record system was in the process of being introduced which would improve the organisation of people's care records.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were policies and procedures in place relating to the MCA and DoLS. Not all staff spoken with had undertaken training in MCA, although the registered manager told us this was being arranged. However, staff spoken with were able to tell us how, wherever possible, they supported people to make their own choices and decisions about how their care was carried out.

During the inspection, we observed staff asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another. People's consent in areas such as information sharing, taking photographs and medicine management were recorded in care plans.

The registered manager told us that 25 applications for DoLS has been submitted to the relevant local authority and that four of these had been authorised.

Appropriate systems were in place to help ensure people's nutritional needs were met. People spoken with told us the quality and variety of food was generally good. The cooks we spoke with told us they always ensured people's cultural and dietary needs were met when meals were provided.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, dieticians and speech and language therapists. The two visiting health professionals told us, in their opinion, people in Linden House received good quality care.

Since the last inspection, the home had been extended and refurbished to a high standard. The managers had been proactive in trying to ensure the environment promoted a sense of well-being in people who lived in the home. For example, they had installed an artificial light well in the dining area which gave people a sense being able to look up to the sky.

Is the service caring?

Our findings

People spoken with told us staff were always kind, caring and respectful of their dignity and privacy. Comments people made included, "It's good here, the staff are nice" and "It's OK here; the staff are alright, they're very nice." A relative also commented, "All the staff are nice here; [name of relative] has got a lot of respect for all of them."

During the inspection we observed positive interactions between staff, people who lived in the home and relatives. Staff were kind, reassuring and generally patient when supporting people. Staff spoken with demonstrated they had detailed knowledge of people's backgrounds, likes and dislikes, as well as their current individual needs and behaviours.

We saw that the registered manager had placed a family questionnaire in the reception area for relatives to complete. This information was intended to help ensure staff were aware of people's backgrounds, life history and important family relationships.

We saw people were treated with respect and dignity. There were policies and procedures for staff about caring for people in a dignified way. There was also a designated Dignity Champion on the staff team who was able to provide staff with advice, training and support in this area. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We saw people were dressed appropriately in suitable clothing of their choice. Each person had a single room which was fitted with appropriate locks and people told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection.

Staff told us they would always promote people's independence by encouraging them to do as much as they could for themselves. Care records provided guidance to staff about how best to support people's independence while providing discreet support when necessary.

Staff gave us examples of how they had met people's diverse needs, including those relating to age and ethnicity. This was confirmed by one person who told us, "I pray on a Friday; my brother takes me to mosque or I pray in my room if he can't take me. They [staff] always shower me on a Friday morning before prayer. I can have a shower on another day I just ask. If I want to pray during the day, the staff will immediately take me to my room." We noted a minister from the local church also visited the home during our inspection.

We reviewed the service user guide which was given to people during the pre-admission assessment. The guide included information on the philosophy of care in Linden House which was that everyone should receive person-centred quality care. The rights of people to take part in decisions of daily life was also highlighted.

Staff confirmed that people living in the home were encouraged to make everyday decisions such as what they wore, what they ate at mealtimes and where they spent their time. We saw evidence of this during our inspection, for example staff asking people what they would like for their lunch and if they wanted to sit in

the lounge or dining room to eat.

Care records we reviewed showed staff had asked people who lived in the home for feedback about the care they received. All the feedback seen was positive.

We noted there was a policy on the use of advocacy services and information from the local advocacy organisation was on display in the entrance area of the home. Advocacy services provide independent support to help individuals express their views in relation to their care and support needs.

Is the service responsive?

Our findings

People were complimentary about the staff and their willingness to help them. Comments people made to us included, "A couple of weeks ago, I had a fit in my room, pressed the emergency button and they [staff] came straightaway. They phoned the ambulance and I went to hospital" and "I had really cold feet this morning, so I asked [name of staff member] if there was somewhere where I could buy some socks and she showed me hers and then went and got me a pair straightaway."

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. Staff spoken with were able to tell us about people's risks and needs and described how they supported people in a way which kept them safe and reflected their preferences.

We checked whether the provider was following the Accessible information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The manager told us they were unaware of this standard but that people's communication needs were always considered as part of the assessment and care planning process. They told us they would check the requirements of the AIS to ensure the service was compliant with them. They also confirmed information produced by the service could be provided in a range of formats if necessary.

Our review of care records confirmed that each person's records contained a communication assessment and care plan. The assessment included information such as whether individuals wore glasses and for what tasks and whether any hearing aids were used. Each communication care plan provided guidance for staff on meeting people's communication needs, for example giving people time to process information and answer questions and cleaning people's glasses daily. This helped to ensure that people were supported to communicate effectively.

We asked about the activities available to people to support their well-being. We were told an activity coordinator provided activities each afternoon or alternatively an external entertainer visited the home. On the first day of the inspection we observed staff encouraged people to dance and sing when an entertainer visited. We noted the atmosphere was relaxed and filled with laughter.

Most people told us they were happy with the range of activities, although two people who were younger than the majority of people in the home felt the activities were mostly geared towards an older generation.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for CQC should a person feel their complaint had not been properly handled by the provider. We saw the complaints procedure was also included in the service user guide and a copy was on the back of each individual bedroom door.

We saw that five complaints had been received at the service in the previous 12 months. Records we reviewed showed that all the complaints had been fully investigated and a response provided to the complainant.

People spoken with during the inspection told us they had no complaints about the care provided in Linden House. They told us any minor concerns were always immediately addressed. Comments made included, "I'm quite happy with this home. If I've got any problems, I just go and tell them and they sort things out" and "I tell them straight about things and they don't mind that. They always say they prefer to know about things."

We saw that a suggestion mailbox was situated in the hall so that people could provide feedback anonymously if they so wished. Regular resident/relative meetings were also held to ensure people had opportunities to comment on the care provided in the home.

We saw that a number of thank you letters had been received at the home. One person who had used the service for respite care had commented positively on their experiences. Another person had stated Linden House was better than a five star hotel.

The home had a policy in place regarding end of life care; this provided guidance for staff about helping people who lived in the home to complete advance care plans. These plans record the wishes of individuals about the care they wish to receive at the end of their life. During the inspection, we were approached by two friends of a person who had recently died at Linden House. They were extremely positive about the care their friend had received in the home and commented that, "Everything was extremely well done."

We saw that the managers in the service were using a range of technology to improve the care and support people received. The registered manager told us the home utilised an online assessment system called 'Telemedicine' if they had any concerns about people's health. This service was available 24 hours a day and was managed by registered nurses from the local NHS service. Telemedicine provides a remote clinical service between the home and a healthcare provider, using electronic audio and visual means. This helped to provide prompt and appropriate advice and treatment.

We were shown the new electronic care records which were in the process of being introduced. The deputy manager told us the tablet computers used for care planning were also going to be used to record audio and video feedback from people who lived in the home and relatives. The general manager told us they were also in the process of recording a video tour of the home which would be used in pre-admission assessments to help people make the decision about whether they wanted to move into Linden House.

The home had recently introduced a new call bell system which used swipe cards to record when staff responded to calls and the length of each intervention.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. 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. They were supported in the day to day running of the service by a general manager and a deputy manager.

During the two days of our inspection, we observed all the managers interacting with people who lived at the home and saw that they were friendly and professional towards them.

The philosophy of the home was that managers and staff who worked in the home would be confident that the quality of care provided in Linden House was good enough for any member of their family. All staff spoken with as well as visiting health professionals told us they would be happy for a relative to live in the home.

Staff told us they enjoyed working in Linden House and found the managers to be supportive and approachable. Records we reviewed showed regular staff meetings had been held. We looked at the minutes from the most recent meeting held in November 2017. We saw the issues addressed included the registered manager's expectations of staff behaviour, the whistleblowing procedures and the correct use of equipment. The staff we spoke with confirmed that staff meetings took place regularly and told us they felt able to raise any concerns and make suggestions during the meetings.

Systems were in place to help ensure the quality and safety of the service. The registered manager and general manager made regular unannounced checks at the home. These checks were used to ensure staff were correctly undertaking their responsibilities and providing people with the expected high level of care. No issues had been identified during these checks other than a minor infection control matter which had been immediately rectified.

The provider carried out quarterly surveys to gather feedback from people who used the service and their relatives. The results from the survey conducted in January 2018 were on display in the reception area of the home. We noted there had been very positive feedback about all areas of the service, including the quality of care, meals and the friendliness of staff.

Records showed that a variety of audits had been completed regularly by the managers in the service. These included audits of health and safety, medicines, the home environment and care documentation. In addition, regular monitoring visits were completed by the provider's representative. We found evidence that the audits completed had been effective in ensuring that appropriate levels of quality and safety were maintained at the service.

The managers in the service demonstrated a drive for continuous improvement. There was a plan in place which highlighted areas for development; these included improving the courtyard area used by people living

with a dementia.