

The Willows Blythe Bridge Limited

Lindly House Care Home

Inspection report

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Stoke On Trent
Staffordshire
ST4 8DQ

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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

At our last inspection in January 2016 we rated the service good. At this inspection, we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Lindly House is a Residential Care Home. 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.

Lindly House accommodates up to ten people in one adapted building, where people had access to communal areas along with their own bedrooms. At the time of the inspection, there were ten people using the service.

People were protected from abuse and had risks to their safety assessed and planned for. People received support from sufficient staff and had their medicines administered safely. People were protected from the risk of cross infection. The provider had systems in place to learn when things went wrong.

People had their needs assessed and care plans were in place to meet them. Staff were trained and received support in their role. People received consistent care and the environment had been designed to meet their needs. People had a choice of meals and were supported to eat and drink safely. People were supported to access health professionals advice and had their health needs met.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by caring staff. People could choose for themselves and were supported to maintain their independence. People's communication needs were assessed. People's privacy and dignity was protected by staff.

People were supported by staff that understood their preferences. People understood how to make complaints about the service and felt these would be addressed.

The registered manager submitted notifications as required and understood their responsibilities. The rating from the last inspection was on display.

People's views about the service were sought and they were involved in decisions about the service they received. There were regular checks on the quality of the service. There were audits in place and action was taken to drive improvement.

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 continued to be good.

Good ●

Is the service effective?

The service continued to be good.

Good ●

Is the service caring?

The service continued to be good.

Good ●

Is the service responsive?

The service continued to be good.

Good ●

Is the service well-led?

The service continued to be good.

Good ●

Lindly 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 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 unannounced inspection visit took place on 22 January 2019. The inspection team consisted of one inspector and 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information 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 the inspection, we spoke with four people who used the service and two relatives. We also spoke with the registered manager and two staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of two people and looked at a further two more to check aspects of individual plans. We looked at other records relating to the management of the service including accident reports, monthly audits and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 28 January 2016 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People were safeguarded from abuse. People told us they felt safe living at the service. One person said, "Yes I feel safe. Staff look after me. I've had no falls. I can walk about." Relatives confirmed they felt people were safe at the service. Staff understood how to recognise abuse and could explain how they would report any concerns. The registered manager could describe how incidents were investigated and reported to the local safeguarding authority as required.

People were protected from risks to their safety. One person told us, "I use my walking frame. I have had no falls. I go upstairs in the lift with staff supervision." Relatives confirmed the staff followed people's risk assessments and care plans to keep them safe. One person was at high risk of pressure sores. We saw there was a clear plan in place which staff followed to prevent their skin from breaking down. In another example, one person needed to have a specific diet. This was clearly documented in the person's care plan and staff were following this.

People were supported by enough staff. One person told us, "If I use the buzzer in my room then staff come straight away." A relative told us, "I think they have enough staff. Sometimes the cook is not on duty and staff have to cook instead and maybe they have less time for caring then." The relative added, "If [person's name] uses the call bell the staff come within minutes." Staff told us they through they had enough staff to meet people's needs. We confirmed through our observations people did not have to wait for their support. Call bells were answered promptly and people received the support they needed.

Medicines were administered safely. One person told us, "I get insulin injections through the doctor and the district nurse gives the injections to me daily. I also get tablets for my arthritis." A relative told us, "[Person's name] medicines are given regularly. The staff are on the phone if any tablets are changed. I'm kept informed and make decisions with them." Medicines were stored safely and stock checks were carried out to ensure people had an adequate supply of their medicines. Where people had medicines which needed to be taken on an 'as required' basis, there was clear guidance in place for staff. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the risk of cross infection. One relative told us, "Staff take steps to use gloves and aprons so that they don't pass on any infections." Staff received training in how to minimise the risk of cross infection. We observed staff following safe procedures and using equipment to minimise the risk of cross infection.

There was a system in place to learn when things went wrong. For example, when there was an accident or incident, this was reviewed to ensure any learning could be implemented to prevent a reoccurrence.

Is the service effective?

Our findings

At our last inspection on 28 January 2016 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

People had their needs assessed and plans put in place to meet them. One person told us, "Yes, I think I was assessed." A relative told us they had been asked for information about their relatives needs prior to admission. Staff told us they thought the assessment and care plans were useful in guiding them to understand people's needs and how to support them. Assessments and care plans were completed and relevant health professional advice had been sought where required.

The provider told us in the PIR staff undertook a varied training programme to ensure people were comfortable, happy and fulfilled. They said the care certificate was used for new staff with regular two monthly updates provided on courses such as safeguarding vulnerable adults, dementia care, diabetes, infection control and food hygiene. A relative told us, "When new staff start they first follow and learn from more experienced staff and get training." Staff confirmed they had access to training and received support in their role. The registered manager worked alongside staff and observed staff on a daily basis. We confirmed through our observations staff had the skills to support people safely.

People had a choice of meals and drinks and plans were in place to guide staff on how to meet people's nutritional needs. One person told us, "The food is excellent. I have a sugar free diet. Occasionally I might have a small treat for sweet dish." A relative said, "The food is homemade and gorgeous. There is a choice of meals and if [person's name] doesn't like them they will find something else. They get plenty to drink. Staff encourage them to drink to prevent them from becoming dehydrated." Assessments and plans were in place to support people with their nutrition and hydration and staff were observed following these.

People received consistent care. A handover meeting was held at the start and end of each shift where staff were informed of how people had been and any changes to their needs. Staff told us they were a small team that worked well together and they could support people consistently as they understood people's preferences and routines.

People had access to support with their health and wellbeing. One person told us, "I have seen the optician and the doctor and an audiologist have seen me. The home helps arrange these." In the PIR, the provider told us they worked with a range of health professionals closely to ensure the best care was provided at all times. We could see, where needed, people had prompt referrals to health professionals and the advice given was recorded in people's care plans and followed by staff.

The environment was suitable to meet people's needs. In the PIR, the provider told us the home had been decorated and furnished to create a warm, homely environment to help people feel safe and secure. People and relatives confirmed they felt the home was suitable to meet their needs and they had been able to bring their own belongings to the home. We saw there were adaptations in place, for example adapted bathrooms, toilets and a lift to help people access the first floor.

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. Individual capacity assessments had been completed and discussions were held about how to make the decision in the person's best interest where needed.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and were making appropriate DoLS referrals.

Is the service caring?

Our findings

At our last inspection on 28 January 2016 we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One person told us, "I like them [staff] all. They are friendly and will do things for you." A relative told us, "Staff are caring, friendly and welcoming. They listen to me and keep me up to date. [Person's name] personal hygiene is done and clothes are always clean. I can see that they have taken time to care for [person's name]." Staff told us they had formed good relationships with people and their relatives. One staff member said, "We are like a family here, relatives are in and out and we get to know everyone well." We saw people had conversations with staff throughout the inspection, these were warm and friendly in nature and staff were familiar with people's needs, choices and preferences.

People were supported to make choices and to maintain their independence. One person told us, "I am very independent and do as much as I can. I can walk about, dress and eat. Staff let me get on with it." Another person told us, "I pretty much do what I like. I am quite content being here." Staff told us people have choices about all aspects of their care from what to wear to what to eat and when to get up and go to bed. We saw one person had chosen to have a lie in that morning, they confirmed they had a late breakfast by choice and this was always open to them. People were supported to walk independently where possible and staff encouraged people to do things for themselves.

People had their communication needs met. Staff told us most people could communicate with them verbally but one person sometimes struggled to make themselves understood. Staff explained this required patience and they used their knowledge of the person's preferences to help them make clear what they wanted.

People had their privacy and dignity maintained. One person told us, "Staff are polite, friendly and respectful." Another person said, "There's no problem when they [staff] give me a shower. I feel respected as a person." A relative told us, "The staff talk to [my relative] and explain step by step what they are doing. They give them privacy in the toilet and make it a friendly experience." Staff understood the importance of treating people with respect and providing dignified care. We saw staff being discreet when speaking with people and maintaining their privacy and people were encouraged to go to their rooms when they had visitors and health professionals visiting.

Is the service responsive?

Our findings

At our last inspection on 28 January 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received support which was responsive to their individual needs and preferences. People told us staff understood their preferences and how they liked to be supported. One person told us, "I have communion brought to the home every week on Sunday." Another added, "I go to the church. A friend from the church comes and takes me." One relative told us, "Sometimes [person's name] is able to do things for themselves, other times they can't. The choice is left to [person's name]. The staff know they prefer to wash and dress by themselves and give the support to do as much as they want and are able to." We saw people's care plans included information about their life history. People's individual life choices were considered and care plans referenced people having their rights respected. We found people were supported to meet their individual needs, for example their religious needs through regular visits from their preferred church.

People were supported to do things they enjoyed. One person told us, "I love to read and have access to books, there could be a few more here that would be nice." One relative told us, "Staff hold [person's name] hand, do their nails and talk with them, as they can't join in things." A relative told us staff were aware of their relative's past employment history and knew this was still of interest and would talk to them about it. We saw people were supported to engage in activities and people's involvement was documented in their care records. One relative told us, "I play games with my relative and other people which we all enjoy." Staff told us they understood what people liked to do during the day and gave examples of people enjoying accessing the garden, different group activities, entertainers visiting and going out in the car. We saw people were engaged in conversations and enjoyed reading and watching television during the inspection.

There was a system in place to investigate and respond to complaints. One person told us, "I have no complaints. It is a very well-run home. Staff communicate with us. I am quite happy here." A relative told us, "I have no concerns. I'd go to the registered manager and they would listen." The registered manager told us there had not been any complaints since the last inspection. However, there was a system in place to respond to complaints should any be received.

People were supported to have their preferences considered when they came to the end of their life. The home had systems in place to consider people's wishes and put plans in place to ensure they had support to manage pain and discomfort and were supported in line with their preferences. Relatives confirmed they had discussions with the home about their relative's preferences. We saw there were documented plans in place to manage pain and other health professionals had been engaged in supporting people as needed.

Is the service well-led?

Our findings

At our last inspection on 28 January 2016, we rated Well Led as Good. At this inspection, Well Led remains rated as Good.

The provider told us in the PIR their vision was to provide the best possible service to all individuals in their care and their families. They said they do this through providing care plans which are tailored to each individual need. The provider said they are a small home which operates on a person-centred basis. We confirmed through conversations with people, relatives and staff along with our observations that the home was providing person centred care.

The provider had systems in place to check the quality of the service. For example, there were systems in place to check care plans were up to date and accurate and these were reviewed on a monthly basis. Medicines audits were carried out and other checks on the home such as infection control and fire safety were completed. Accidents and incidents were also reviewed to ensure any areas for prevention were identified and actioned.

There were systems in place to seek feedback about the service and make continuous improvements. For example, questionnaires were completed and the results of these were reviewed to look for any changes that could be made to improve the service. People and relatives had opportunities to discuss the service with the registered manager. One relative told us, "I've done a questionnaire two or three times. Everyone visits the lounge and has a banter and make suggestions. The residents did get together to say what menu they preferred." The registered manager told us staff were also able to make suggestions and they had regular opportunities to discuss the service in supervisions and team meetings. Staff confirmed they could make suggestions for improvements to the registered manager. One staff member said, "We have supervision every couple of months, but anything I raise with the registered manager gets dealt with straight away".

People, relatives and staff felt able to approach the registered manager. One person said, "I like the registered manager. They keep an eye on me and say hello." Another person said, "The place runs smoothly because of the registered manager." A relative told us, "The registered manager is here most mornings and helps with the care. The staff respect them and they get a lot done." We saw the registered manager was approached by people, relatives and staff throughout the inspection and was providing care to people and supporting with the provision of meals.

The provider worked in partnership with other agencies. The registered manager told us they worked in partnership with other health professionals to ensure people had their care needs met effectively. We saw there was regular input from a range of different professionals in people's care.

There was a registered manager in post at the time of our inspection. 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 understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.