

## Linden Care home (Derby) Limited

# Linden House

### Inspection report

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17 November 2015

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 16 and 17 November 2015. On the first day our inspection was unannounced, on the second day the provider knew we were coming.

Linden House provides care and accommodation for up to 16 older people. On each day of our inspection there were 15 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 is also the provider.

People who used the service and family members told us they were satisfied with the standard of care at Linden House.

Staff treated people with dignity and respect and helped them to maintain their independence by encouraging them to remain active where possible.

Care records showed that people's needs were assessed before they moved into Linden House.

Staff training was up to date and staff received regular supervisions and appraisals which helped them to provide effective care to people who used the service.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

We found three instances where the provider was not meeting the requirements of the law.

The provider did not consistently follow their own policy to ensure staff were safely recruited.

The provider was not fulfilling their responsibilities with regard to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The provider's quality assurance system was not always effective in identifying shortfalls within the service nor in identifying what action, if any, had been taken in response.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 was not consistently safe.

People said that they felt safe living in the service. Staff knew how to contact safeguarding agencies if abuse occurred.

Staff recruitment checks were in place to protect people from unsuitable staff; however the provider did not consistently follow its own policy.

Medication had been supplied to people as prescribed. However we found where issues had been identified, action was not effectively taken and people could be at risk of receiving out of date medication.

Risk assessments were in place that identified people's needs in relation to protecting their skin and nutrition. These did not always inform staff of the best way to support that person.

Staffing levels were appropriate to safely care for the people living in the service.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective

People's consent to care and treatment was not fully sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served.

### Is the service caring?

**Good** ●

The service was caring.

People told us that staff were caring. We observed staff relating to people in a caring and friendly way.

### Is the service responsive?

**Good** ●

The service was responsive.

The home supports people to undertake activities and access the community.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

### Is the service well-led?

The service was not consistently well led.

The service gathered the views of the people who use the service but it was not clear what action the service took as a result.

The service carried out audits and checks to ensure the home was running smoothly but where issues were identified there was not always a clear course of action.

**Requires Improvement** ●

# Linden House

## **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.

We visited the service on 16 and 17 November 2015, this was an unannounced inspection. The inspection team consisted of two inspectors on the first day and one inspector on the second day of the inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send to us by law. We also contacted commissioners (who fund care for some people) of the service and asked them for their views.

During the inspection we spoke with we spoke with four people, three relatives, three staff members and the Registered Manager. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans, which included risk assessments.

We reviewed three staff files which included training records. We looked at other documents held at the home such as medicine records, quality assurance audits and staff meeting minutes.

# Is the service safe?

## Our findings

We looked at the storage of medicines and the checks that were carried out to ensure medicines was being safely managed.

The provider completed regular audits on the management and storage of medicines. We saw issues had been identified such as the opening dates of medication not being recorded by staff. Despite this during our inspection we found there were still two medicines stored that were past their usage dates and one medicine had not had the day it was opened recorded.

This demonstrated that although audits were completed and issues identified, appropriate action was not taken to address these leaving people at risk of receiving out of date medicines. This showed that the management of medicines was not safe or properly managed and people were potentially at risk if medicines were out of date

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reported this to the Provider who said they would take action to rectify this.

We found there were clear records kept of all medicines received into the home and of any medicines that had been returned to the pharmacist if they were no longer required.

We saw in training records that staff had been trained in the safe handling, administration and disposal of medicines. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. People who chose to administer their own medication were appropriately supported to do so.

People using the service told us that staff treated them well and that they felt safe.

A relative who was visiting told us when asked if they thought their family member was safe, "I think she is very safe." Another relative told us that their family member was safe and happy and that staff protected them from harm.

The provider had systems in place that ensured safeguarding concerns were reported to the local authority and Care Quality Commission (CQC) appropriately. Staff had undertaken training in understanding and preventing abuse and the training certificates we viewed confirmed this. Staff told us that they found this training useful and informative.

Staff were able to explain what abuse is and how to report any abuse if they had any concerns about how people were being treated. Staff also understood how to 'whistle blow' if they were concerned about people's safety and knew they could report concerns to external organisations such as the CQC and the

local authority. This demonstrated that staff knew how to protect people from harm and maintain their safety.

We saw that safety checks of the premises and equipment had been completed and records were up to date. This ensured that risks presented by the environment were managed and reduced to ensure people's safety.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. For example, moving and handling, skin integrity, and falls risk assessments. However, we found that the risk assessments and care plans did not always contain advice for staff on how to support people safely.

One person's fire risk assessment explained that a person would become confused upon hearing the fire alarm. The risk assessment did not detail what staff should do to support this person. Another risk assessment we looked at explained that a person was to have their weight monitored weekly as they were not eating enough. We saw that the person's weight was being recorded but the risk assessment did not explain how much weight the person had to lose or gain for it to be an issue. This meant that staff might not always have the information they needed to keep people safe.

We spoke with the provider who advised us that they would update the risk assessments to enable staff to know what action to take to be able to support the person. This would also ensure that any new members of staff or agency staff would know how to support people appropriately and safely.

We observed staff providing support to people to enable them to move around the service safely. Staff ensured people had access to appropriate equipment which included zimmer frames and walking sticks. We saw that when two staff were needed to support a person, this was provided. This was an example of staff supporting people in a safe manner with their mobility. Staff members followed safe practices when assisting people and communicated effectively with people, offering encouragement to promote their independence and mobility.

One person's plan of care showed that they did on occasions display behaviour that challenged the staff. Their care plan provided staff with the guidance as to how the person preferred their care and support to be provided and their role in reducing the person's anxiety and the likelihood of their behaviour affecting other people. This was a further example of staff having the information they needed to keep people safe.

People living at the service and relatives told us there were enough staff working at all times to safely meet people's needs. One person told us, "I always get help from the staff when I need it." The registered manager told us that there was no formal system in place to determine the staffing levels. However, they regularly sought the views of the people and staff to assess whether staffing levels were sufficient.

Staff spoken with were happy with the staffing levels and they told us they thought staffing levels were 'OK' and that if people needed accompanying in the community to attend health appointments 'the provider would arrange cover'.

Staff members were kept up to date with any changes in people's needs during the handovers that took place at every staff change. This helped to ensure they were aware of any issues or changes required to people's care.

We found that the provider had a policy in place for the staff recruitment to ensure that staff employed by the provider had the right skills, knowledge, character and experience.

All the staff we spoke with told us that they had been required to complete a Disclosure and Barring (DBS) check before they were employed. This check was carried out to help ensure that staff were safe to work with people who use care services and would not put them at risk of harm. Records showed that DBS checks were in place.



## Is the service effective?

### Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of DoLS within care homes.

Staff records showed that staff had received training in the MCA. Staff were able to explain what constitutes a DoLS. The provider had a policy and procedure in place which showed they understood their responsibility under MCA/DoLS. Providers of care services are required to submit applications to a 'Supervisory Body' for authorisation when they believe a person's liberty is being restricted.

We observed that there was one person who received their medication covertly otherwise they would potentially refuse take it. We asked a member of staff who was administering medicine how the person was administered their medicine covertly. They told us this was placed in their dessert. There was not a plan of care to reflect this or an assessment which identified how staff would ensure that all the medicine had been taken. The provider said that when they had spoken with the person's G.P. but they had not wanted to formalise the agreement by putting it in writing. We spoke with the provider about the application of the MCA and best interest decision making process. They told us they would speak with the G.P. in order to rectify this situation.

We also found that the front door to Linden House was locked by a key code which prevented people from leaving the premises should they wish. One relative we spoke with explained that she did not want their family member to go out on their own due to risk of falls and confusion. We found that the person had not been consulted regarding this matter. We were also made aware that the person had got ready themselves to go to the church, but was discouraged from leaving the premises by staff. We looked at those people's care records and saw that no best interest decision had been recorded or mental capacity assessment completed. That meant people's liberty and rights could be deprived because the principles of the MCA had not been followed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that everyone who moved in to the service had an assessment undertaken at the point of

admission to Linden House to determine their mental capacity to make an informed decision about accessing the service.

People using the service told us that they were very happy with the way staff cared for them and felt their needs were being met.

Relatives we spoke with said they were happy with the way their relative was cared for. One person said "It's absolutely fantastic and the staff are very approachable"; another person said "I like it very much here."

Staff told us, and training records confirmed, that staff had received a thorough induction when they first started to work at the service. The induction covered a range of topics which included manual handling, medicines administration, safeguarding adults, health and safety and fire safety. The provider told us that new staff worked alongside a more experienced member of staff and that their competency was assessed prior to them working on their own.

Staff received on-going training and development to ensure they maintained the skills to provide people with appropriate care and support. The provider had a system in place that identified when staff were due updates and refresher training. One member of staff told us that they had been supported to undertake a professional qualification in social care.

Staff told us that they received effective support and supervision from either the provider or deputy manager. One member of staff told us during their supervision meetings they discussed their training and development needs and any issues or concerns they might have. They said the provider was open to any suggestions to make improvements to the service. For example they told us soft furnishings had been replaced at the suggestion of staff.

People were supported to eat and drink. Staff asked people if they had enjoyed their meal and if they wanted any more to eat or drink. One person told us "The meals are lovely."

People were given a choice from the menu on a daily basis and alternatives were offered should anyone want anything different.

We spoke with one person who told us that they were very particular about their food and often did not like what was available on the menu. They told us that one of the cooks was very supportive of them and asked them each day whether they wanted to eat what was on the menu or wanted an alternative meal to be made available.

We checked people's records and observed that people had clear plans in place that helped to ensure staff provided with an appropriate diet.

We saw that the service supported the needs of people requiring a specialist diet. Care records we looked at showed that where appropriate, people had been referred to health care professionals such as Speech and Language Therapists (SALT) for support to help maintain a healthy diet. We found any changes to people's diets had been documented and communicated to the kitchen staff.

People's nutritional needs were assessed to identify whether people were at risk of poor nutrition and dehydration. Where a risk was identified, food and fluid intake charts were used to record and monitor how much people ate and drank.

One person told us that they were expecting a visit from their GP which had been arranged as part of their aftercare support following surgery. People told us they were regularly visited by other health care professionals and that their relatives often supported them to attend health appointments in the community. The provider told us that when a relative was unable to accompany a person to an appointment, a staff member from the service would support them to attend.

During our visit we saw a GP had been called to see a person who was feeling unwell. That showed staff acted promptly if they had concerns about a person's health.

Two people's care records showed that they had made an advanced decision about their care with regards to emergency treatment and resuscitation. Documentation relating to the person's wishes in the event of a medical emergency had been completed, otherwise known as 'DNAR' (Do Not Attempt Resuscitation). The DNAR for one person had been completed with the involvement of the person and their relative. However we found that the DNAR for the other person was not reflected in care records.

We spoke with the provider about this who advised it was their understanding it was for use within a hospital setting and not community setting. We spoke with the provider about DNARs and how they were transferrable between services. They told us they would contact the person's G.P. for the purpose of having it reviewed to ensure that the person's views or that of their relatives were accurately reflected and recorded.

We could see from care records that there was involvement from other health care professionals, which demonstrated the service worked in partnership with other agencies to support people maintain their health and well-being.

# Is the service caring?

## Our findings

People using the service and their relatives told us staff were caring. One person said, "The staff are all good; nothing seems to be too much trouble." Another person told us "He's [member of staff] very good, one of the best. He's there quite quickly if you ring the bell. He always gets you what you want."

Throughout the inspection visit we saw people had developed positive relationships with staff. We observed people being supported by staff in a caring manner. People were heard chatting with one another. One person told us that "I've never been happier. I'm happy to stay here; I don't want to go anywhere else."

We spoke with one person and their relative who told us that they were supported by staff in meeting their religious needs. The relative told us that "When I can't get here to take mum to church, the care home will arrange for the local vicar to come in and speak to her, as mum's church is quite far away." That showed that people could be confident that staff understood their individual needs relating to their faith.

People's plans of care included information as to their likes and dislikes and their preferences. For example, what time people liked to get up or retire to bed, and how people preferred to spend their day. People's plans of care also included a life history which provided information of importance about each individual. This allowed staff to share in the experiences of the person, and enabled them to fully understand each person's individual needs, matters that were important to them and their likes and dislikes.

Plans of care recorded the areas of support people needed and detailed how staff were to support people to maintain their independence and choices with regards to personal care, which included the temperature of the water and also the order in which they like to get dressed.

People told us that staff treated them with respect and their dignity was maintained. People told us that their privacy was protected when staff supported them, which was done in a respectful way. We observed instances which showed people's privacy and dignity was respected. For example, when a nurse visited a person for a blood test a member of staff asked the person whether they wanted to go to their room for privacy but the person chose to remain the communal area. We saw another person was asked where they wished to have their consultation with the visiting GP. They were supported to move to a quiet room to enable them to speak in private.

We also saw that staff knocked on the bedroom door and entered when permitted to do so.

We spoke with relatives who advised that they felt confident to visit at any time during the day, and no restrictions were in place.

## Is the service responsive?

### Our findings

People told us that before they moved into Linden House their needs were assessed to ensure staff at the service could meet them. One person said they had had an 'interview' about their needs and a relative said they had been consulted about their family member's needs before they moved in. This showed that staff at the service took steps to ensure they could meet people's needs before they began caring for them.

Plans of care that we looked at included information as to people's preferred daily routines and how they wished their care and support to be provided. This helped to ensure that staff could provide personalised responsive care in line with people's needs and wishes.

One person had been supported to bring their pet with them when moving into the service. The person told us this had made their decision to move into a residential care home much easier. The importance of the person's pet was identified within their plan of care and showed how the service had been responsive to meet the person's needs based on their wish to have their pet with them.

The person's plan of care also recorded that staff supported the person to access the local shops so that they could purchase items for their pet which helped to keep them active. The welcoming of this person's pet was an example of the service providing flexible responsive care. This was because staff recognised the importance of the pet to the person's well-being.

Activities were provided in the service. People told us they went on regular outings supported by staff at Linden House. One person said "We went to the coffee shop last week." During our inspection we observed a member of staff playing a quiz game with a group of people. Everyone playing appeared to be engaged and there were lots of active discussions about the questions and people seemed to enjoy this.

The provider also brought her dog to the service and people using the service were seen to interact with the puppy enthusiastically and enjoyed stroking and petting it. There was also a fish tank in the lounge area that provided a focal point of interest.

One person told us they enjoyed doing domestic tasks in the service. They said "I like to help with the pots" and added that this gave them a sense of purpose. Another person said they would like a task to complete too, as they wanted to be helpful around the service and to feel that they were active. We spoke with the provider about this who said they would support the person to find a task they enjoyed.

The provider had a clear policy in place for making and handling of complaints. We asked one person if they knew what they would do if they were unhappy about any aspect of the service. They told us "I'd tell one of the carers and they would sort it out." A relative said they would speak to the manager if they had a cause to complain.

Records showed the service had received one complaint in the last year. This had been properly addressed, in line with the service's complaints policy, with action taken to resolve it. This showed that staff were

responsive and open to complaints and took them seriously.

## Is the service well-led?

### Our findings

The provider had policies and procedures in place to assure the delivery of high-quality personalised care but these had not always been followed.

The recruitment policy stated that 'Interviews will be conducted by the manager/deputy manager. Where possible residents will be invited to ask interviewees questions.' This would help to ensure that staff were suitable for their roles and that people using the service were involved in their selection.

However the staff files we looked at contained no records of interviews taking place or of people using the service being given the opportunity to ask interviewees questions. The provider told us that informal interviews were conducted during the recruitment process and that no standardised questions or forms were used. This meant there was no evidence that the recruitment policy had been followed or that people using the service were involved in it.

We sampled staff files. In two of these there was no photographic identification of the members of staff in question. The provider told us that although photographic identification was not in the files they would have seen this in order to apply for the staff members' DBS (Disclosure and Barring Scheme) check. The law requires the provider to keep 'a recent photograph' of all staff members available in their records. By failing to do this we could not be sure of the identity of the staff employed.

We looked at other staff policies and procedures and found they were not up to date with regard to the provider's responsibilities under the Equalities Act 2010.

We looked at other records to see how the people using the service and staff were involved in how it was run. We found that people who used the service were asked for their views on a range of issues, which included the décor of the service, staff, meals and complaints. People's individual views were recorded; however it was unclear as to how the information gathered was used to develop the service. This meant we could not be sure that people had been listened to and their views taken into account in the running of the service.

The provider completed audits to measure well the service was operating. Any shortfalls identified were used to produce action points. However it was not always clear what actions had been completed as dates were not always recorded. We also found an audit with regards to health and safety had been undertaken, however there was no indication as to when it had been undertaken and by whom.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The provider's systems to assess, monitor and improve the quality and safety of the services were ineffective as they had not identified that some records, policies and procedures were incomplete, out of date, or not being followed.

We brought the above issues to the attention of the provider who said they would address them. By the end of our inspection the provider was able to demonstrate that they had started to update some of the policies

and procedures.

There was a calm and relaxed atmosphere. There was music playing quietly in the background. During our inspection the provider was seen chatting with people. People who use the service and their relatives knew who the provider was and a member of staff commented that "she [the provider] is visible and supportive" and a visiting relative told us that they found her "very approachable."

Staff meetings were held and we looked at the minutes of these, which showed that staff discussed the welfare of people who used the service. This enabled staff to share information to enable them to provide consistent care and support.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.</p> <p>This was because the service did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>This is a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The proper and safe management of medicines.</p> <p>This was because the service did not follow current legislation and guidance in relation to the storage, dispensing and preparation of medicines and also the disposal and recording of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.</p>

This was because the services policies were not up to date and ineffective systems in place to assess, monitor and improve the quality and safety of the services provided.