

Maureen Philomena Murphy & Ann Catherine
Smith

Lindenwood Residential Care Home

Inspection report

208 Nuthurst Road
New Moston
Manchester
Greater Manchester
M40 3PP

Tel: 01616814255

Date of inspection visit:
12 April 2017
13 April 2017

Date of publication:
22 May 2017

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We inspected Lindenwood Residential Care Home on 12 and 13 April 2017 and the first day of our inspection was unannounced. The home provides accommodation and personal care for up to 16 people. Lindenwood is located in the New Moston area of Manchester. The home has 13 bedrooms and can accommodate up to 16 people. At the time of this inspection, there were 13 people living at the service.

The home was decorated in a comfortable and homely manner. The bedrooms were personalised to the person's individual taste. There was a large lounge and a dining room on the ground floor. The home had a large user-friendly garden with several seating areas.

We last inspected Lindenwood Residential Care Home in May 2016. At that time, we rated the service as requires improvement. This was because there were several breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. The breaches were in relation to risk assessments, staffing levels, medicines management, the need for consent, staff training safe, person-centred care records and the lack of activities and management systems.

The service had not had a manager who had been registered with the Care Quality Commission (CQC) since the end of March 2016. A manager had been recruited but was yet to register with us. 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.

Because action has not been taken to register with us in a timely manner we have placed a limiter on the rating in the well-led section of this report.

The registered provider following this inspection notified us that the manager had left the service and that one of the deputy manager's was to register with us. We were also informed that the deputy had submitted their Disclosure and Barring Service (DBS) application to start the registration process with CQC.

During this inspection, we found two breaches of the regulations relating to risk. We found that risk assessments had been put in place since our last inspection, which had sufficient details to guide staff to support people safely. However, we found that one of the risk assessments we saw needed additional information to be added. We also found a number of risks when we looked around the premises that needed to be actioned.

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

People and their relatives told us Lindenwood provided a safe and friendly environment in which to live. We saw that all staff had been trained in safeguarding principles. When we spoke with staff they told us they

knew what to do and understood their responsibilities if they witnessed or suspected abuse or poor practice occurring.

Safe staff recruitment procedures were in place and staffing levels had improved.

An electronic medication system had been put in place since our last inspection to help support staff to manage medicines safely.

We saw that since our last inspection the home had identified two members of staff as infection control champions who had received external training to carry out the role. We saw good hygiene practices, for example, staff wearing appropriate aprons and gloves.

We saw that the home was clean and well maintained. The provider had made numerous investments in the premises. We looked at the service's maintenance and safety records and saw they were up to date.

The service worked within the principles of the Mental Capacity Act 2005 (MCA). The service undertook assessments on people known or suspected to lack mental capacity to consent to care and treatment and consent to care and treatment was recorded. Applications under the Deprivation of Liberty Safeguards (DoLS) had been made or were in the process of being.

Arrangements for staff training and supervision had improved since our last inspection.

People were supported to eat and drink healthily at the care home. We observed that meals were freshly prepared and that people were always offered a variety of options and had access to drinks.

People had access to health care and social care professionals as required. The registered provider always ensured that people were supported during hospital admissions.

People told us they felt cared for and treated well at the home. We saw frequent and friendly interactions between people who used the service, visitors and staff. The atmosphere at the home was calm and relaxed.

People and visitors spoke positively about the registered provider and the staff. We saw examples of people being treated with dignity and respect.

One of the deputy managers had introduced new person centred plans, which had been developed with people who used the service and their family and friends.

Since our last inspection, we saw that a new activities co-ordinator had been employed so there were more activities being offered at the home. People also enjoyed their own interests.

We saw that the service had a complaints policy in place and the complaints procedure was displayed in the main hallway. We noted that the service had not received any complaints since our last inspection. The local commissioning team raised no concerns with us.

We observed that the registered provider and the manager were very visible within the service. People, visitors and staff said the registered provider and the manager were both approachable and supportive.

Since our last inspection, significant improvements had been made in relation to the breaches in the regulations, which are the fundamental standards. Systems for monitoring the health, safety and quality of

the service had been put in place; however, in they were not robust enough to identify the shortfalls we found at this inspection.

The CQC had notified about incidents that had occurred at the home.

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 always safe.

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises and individual risk assessments.

The manager had developed a new system that demonstrated adequate staffing cover had been provided at the service.

Infection control champions who had received training were now in place at the service. The service had introduced a new electronic medicines administration system that helped to support staff in the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had access to training they needed to effectively and safely support people who used the service.

People were supported and encouraged to eat a healthy and balanced diet and drinks were always available for them.

The home had good liaison with health care professionals and ensured that people had access to the appropriate health care when needed.

Is the service caring?

Good ●

The service was caring.

We received positive feedback from the people who used the service, relatives and friends and staff we spoke with.

The atmosphere was relaxed and there were frequent and friendly interactions between people and the staff.

Is the service responsive?

Good ●

The service was responsive.

Person-centred care plans were now in place for people and they and their relatives and friends had been involved in developing them. A keyworker system to help improve communication and review of people's records had been put in place.

The arrangements for activities provided at the home to help support people's well-being had improved following the recent employment of an activities coordinator.

The service had not received any formal complaints since our last inspection. We were told that any concerns raised had been dealt with promptly and appropriately.

Is the service well-led?

The service was not always well led.

Although there was a manager in place at the time of our inspection, they had yet to register with the Care Quality Commission, which is a condition of the services registration. This manager left following our inspection.

Clarity was needed about the roles and responsibilities of the registered provider and the manager were needed to ensure a consistent approach in the day-to-day management of the home.

Significant improvements had been made to address the shortfalls identified at our last inspection. However, although progress had been made there was still some outstanding actions at the service.

People, their relatives and staff were highly complementary about the registered provider and the management team who were described as approachable and supportive.

Requires Improvement 

Lindenwood Residential 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 inspection took place on 12 and 13 April 2017 and was unannounced. One adult social care inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

We also contacted the contract officer of Manchester City Council about the service. They told us they had no concerns about the service.

During our inspection, we spoke with five people who used the service and four visitors, the registered provider of the home, the manager, one of the deputy manager's two night care staff, two day care staff, a cook and an activities coordinator. We looked around the building and observed mealtimes and interaction between staff and people living in the home.

We also looked at records relating to the service including three care records and daily record notes, the medication system, two staff recruitment files, training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people if they felt Lindenwood was a safe environment to live in. People told us they felt safe. They said, "I feel safe. It is comfortable here." We also spoke with people's relatives and friends who told us, "We have peace of mind. I am okay about leaving [relative]" and "We have no worries about [relative]. Definitely safe here."

When we arrived at the home we found that gates were secure and also that CCTV cameras were in place around the outside of the home.

At our last inspection, we found that the service was in breach of the regulations. This was because people's risk assessments had not been kept under review, though improvements were in the process of being made with the introduction of a new care plan. Risk assessments help to keep people safe by providing specific and detailed guidance to care workers, making sure they provide appropriate and safe care and support to people. We requested an action plan from the provider telling us what action they intended to take to make improvements.

At this inspection we found that people had new care plans and risk assessments and there were systems in place to ensure that the records were kept under review. We reviewed one risk assessment which identified that a person had refused a medical intervention to help them with their nutritional intake but had accepted an alternative method which potentially put them at risk of choking. This person had capacity to make this decision and was aware of the risk. Best interest meetings had taken place and the appropriate health care professionals had been involved in this person's risk assessment and this was recorded in the person's care file. However, we did note that the person's risk assessment needed further direction for staff relating to the risk of choking should their initial response to the situation failed and assistance was required from the emergency services.

We saw that personal emergency evacuation plans (PEEPs) were in place. PEEPs help to ensure that in the event of an emergency, such as a fire, people are safely evacuated from the premises. We saw that PEEPs were in people's care files and were also in a grab file that could be handed to the emergency services in the event of an emergency. After talking with staff we discussed with the manager and registered provider the need for them to ensure that all staff knew what action to take should the home need to be evacuated, for example, in the event of a fire.

We saw that on two occasions, a 5 litre container of bleach was left unattended and for the two days of our inspection there was a 5 litre container of hard surface clean left unattended in the garden. The manager said that they would speak to the person responsible and undertake further Control of Substances Hazardous to Health (COSHH) training.

We also saw many unwanted items both inside the house and outside in the garden or outhouses close to the home. A mixture of combustible materials and electrics in the outhouses is a potential hazard. The registered provider told us that they would take action to remove unwanted items from the home.

We saw that at times the door to the laundry, which is a hazardous area in terms of fire safety as well as for people who lack capacity, was left open and accessible. We also noted that linen storage cupboard, which could not be kept locked shut close to an escape route. Linen should be stored in a locked shut cupboard and away from an escape route to reduce the risk of a fire. New commodes had been purchased for people who needed them. However, the lack of a sluice room in the home made it difficult for the service to clean the commodes.

Although we found improvements had been made in risk assessments for people, clear direction to staff was not always available on people's records. We also found a number of risks relating to the safety of the premises. This was a breach of Regulation 12 safe care and treatment.

At our last inspection, we found that the service was in breach of the regulations. This was because there were not adequate numbers of staff on duty to support people safely and effectively and records were not always accurate. We had received an action plan from the provider telling us what action they intended to take to make improvements.

During this inspection, we looked to see what improvements had been made. We arrived at the service at 7.15am and found there was a senior and a night care worker on duty. Before 8.00 a.m., the manager, an acting senior and two care workers arrived. It was also noted that the registered provider came into the home every day to support the manager and the staff team in the day-to-day running of the home. The staff team were also supported by a cook and a housekeeper.

We were told that there were three staff on duty throughout daytime hours as well as the manager during the week. Members of the existing staff team to help ensure consistency for people who used the service usually covered any absences. There was one 20 hour staff vacancy at the home. In the rare event that no-one from the existing team could cover then agency staff would come into the home. We also spoke with the manager and looked at staff rotas and what system was in place to monitor the staffing levels at the home. We saw that they had introduced electronic records to show that required staffing levels were being met. We found sufficient staff were available to meet people's needs.

At our last inspection, we found that the service was in breach of the regulations because there was a lack of proper arrangements for the disposal of medicines and the lack of protocols in place to help staff administer "when required" medicines. We had received an action plan from the provider telling us what action they intended to take to make improvements.

We saw that the medicines management systems had been improved since our last inspection. We saw that a new electronic medicines system had been introduced at the home. This system used a staff bar code log in system to scan in medicines administered and produced an electronically kept medicines administration record (MAR). MAR sheets could be printed off as required, for example, when a person was being admitted into hospital, which we saw happen during our inspection.

A staff member said the new medicines system was, "Fantastic. It supports us to do the job."

We observed medication being administered; medicine was administered to one person at a time. The deputy manager responsible for medicines told us that only staff who were trained to do so administered medicines.

The deputy manager told us that staff had received training from the supplying pharmacy on how to use the system and also online training. The manager told us that most staff and cooks had also recently received

training in the use of prescribed thickeners from the company that produces the product and we saw a certificate to confirm this. Thickener medicines are added to drinks, and sometimes to food, for people who have difficulty swallowing; they may help to prevent a person from choking.

A staff member was allocated the medicines trolley key and responsibility for administering medicines at the handover meeting. We saw that medicines in use were held in a cabinet in the dining room, which was chained to the wall. Additional medicines were held in the office.

We observed that the staff member ensured the medicines trolley was locked before moving away to give people their medication. We observed that they told the person what the medication was and stayed until the person had taken it. We were told that no-one was receiving their medicines without their knowledge and no controlled medicines were being administered.

We were told by the deputy manager that no-one was receiving 'when required' (PRN) medicines for behavioural management. Five people were receiving 'when required' medicines for pain relief and there was a protocol in place for the administration of them. PRN protocols provide guidance to staff on when and how to safely administer medicine that is not given as a regular daily dose or at specific times.

We were told that the competency of staff responsible for administering medicines was assessed annually by the deputy manager and would also happen if problems were observed or errors found in the monthly audit they undertook to check the system was safe.

We checked to see that staff had been safely recruited. We reviewed two staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We spoke with four staff members who were able to demonstrate their knowledge and understanding of safeguarding and poor practice, which included identifying types of abuse and their reporting responsibilities. They told us that they would report any safeguarding concerns they had to the manager or the registered provider. One staff member said, "I would have no qualms about raising concerns. I would ring my manager and I am confident they would respond." The manager and one of the deputies had attended the safeguarding for providers training with the local authority since our last inspection.

We saw that the home was kept clean. The home employed one cleaner who worked on weekdays and plans were in place to recruit a second cleaner to work weekends. With the exception of one bedroom, the home was free from malodorous smells. The manager told us plans were in place to change the floor covering in this bedroom to make it easier to clean.

Since our last inspection, two staff members had been designated as infection control champions and had undertaken external training to carry out their role. They were responsible for carrying out infection control audits and raising any concerns they had with the staff concerned. One champion told us, "I have a special torch I use to check everything has been thoroughly cleaned." We saw evidence that audits of the homes infection control procedures was undertaken. Staff told us they always had access to personal protective equipment (PPE) such as disposable gloves and aprons to help prevent the spread of infection. We saw that staff used PPE appropriately. Colour coded mops and buckets were used for different areas of the home to help prevent the spread of infection.

The home had a small laundry room, which was equipped with a commercial washing machine and dryer. There was a clear system in place to keep soiled items separate from the clean ones as red bags for the safe transfer of soiled items from bedrooms and bathrooms to the laundry. We saw that there were separate storage laundry containers for people's clothes, small items, bedding and towels. We looked at the toilets and bathroom and found that these were clean and tidy.

We were informed that the registered provider had made many improvements to the premises since our last inspection. This included a nurse call system update, a loop system for people who used hearing aids, additional alarms installed on all fire exits and the double outside gates, updated smoke alarms, a fire evacuation chair, a new boiler and updated lever taps. The registered provider had also purchased four new wheelchairs, three new hoists. and two profiling beds

Maintenance and safety records showed that checks took place to ensure the environment and equipment was safe. Maintenance and servicing records were kept up to date for the premises, including fire equipment and the fire alarm system, emergency lighting and the passenger lift. A legionella check was last undertaken on 27 May 2016 and we saw that showerheads were cleaned every three months to ensure that there was no build up of this bacteria.

Is the service effective?

Our findings

At our last inspection, we found that the service was in breach of the regulations. This was because staff had not received all the training they needed to support people safely and effectively. We had received an action plan from the provider telling us what action they intended to take to make improvements.

At this inspection, we saw that 17 staff were providing personal care to people who used the service. The staff team included the registered provider, the manager, two deputy managers, three senior support workers and 10 support workers. Records showed that the two deputy managers both held a national qualification in health and social care to nationally recognised Level 3. Of the 10 support workers, five held either a national qualification in health and social care to Level 2 or 3.

We asked about the induction process of new care staff at Lindenwood. The manager described the induction which included a tour of the premises, meeting the people living there and mandatory training such as health and safety, COSHH (control of substances hazardous to health), fire safety, and moving and handling, which had to be completed before they started their role. At our last inspection, the manager told us that in future they would be using the Care Certificate to induct all new care staff. At this inspection, we did not see any evidence of how the service was going to deliver this training. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers; its objective is to develop the values, behaviours and skills care workers need to provide high quality and compassionate care. The manager told us that it was still their intention to introduce the care certificate for new staff who did not already have a nationally recognised qualification.

We looked at what training had been undertaken by the staff team. We saw that improvements had been made since our last inspection. We were told that staff received training in both classroom and online formats with workbooks, which were externally assessed. We saw from the updated training record that the home had identified what was considered mandatory training for staff. This included health and safety, infection control, food hygiene, basic life support, manual handling, medication, safeguarding and dementia awareness. We saw that the majority of this training had been completed except for recent new starters. The records identified which training was due for refresher. It was noted that there were four new care staff identified on the team training record and their training was on-going.

We were told that the manager and one of the deputy managers had recently undertaken train the trainers training in moving and handling. This meant that they were now able to train and certify staff in moving and handling procedures including the safe transfer of people by use of a hoist. Some staff said that although they had a better understanding of the MCA and DoLS procedures they thought they would benefit from further training. The manager told us that they were aware of this and in a previous role they had provided training in this area. They told us that they would carry out some further face-to-face training with staff.

We saw that there was a staff supervision and external planner in place to that showed when supervision was scheduled for the year and when they had taken place. There was an expectation at the home that one to one formal supervision would take place six times a year. The manager or one of the two deputy

managers carried out supervisions. We were told by the night senior that there was a good team on nights and they were responsible for supervision, team meetings. They said, "I feel part of the team." A day staff member said, "It's a good team. I work well with everyone."

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.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection, we found that the service was in breach of the regulations. This was because we could not find evidence that people had given consent to care. We had received an action plan from the provider telling us what action they intended to take to make improvements.

The manager told us that they had introduced consent to care and treatment forms and these were kept on people's care files. We saw copies of the consent forms for three people, which covered a range of areas, such as administering first aid, call for a GP visit, an ambulance or paramedic as required and obtain prescriptions on the person's behalf. The person concerned, their power of attorney or advocate were appropriate had signed the form to confirm their agreement. One person told us, "While I have my brain I will do what I want."

At the time of our inspection we were told that two DoLS authorisations were in place, one was in process of being authorised with the local authority and an application was to be made for a fourth person. The manager was aware of who had different types of dementia and who had short term memory loss though sometimes without a clear diagnosis and these people were monitored by the manager.

People told us and we saw that people enjoyed the food provided. From the menus that we saw people were offered a choice of meals and healthy options. We also saw that people were offered and had access to hot and cold drinks and we saw staff encouraged people to drink. People enjoyed the meal, which was nicely cooked and well presented. The registered provider said that they did not buy cheap food and only bought food they would eat themselves.

At meal times, we observed people either chose to go into the dining room or stayed in the lounge to have their meals. We heard staff ask people who needed assistance where they wanted to have their meals. It was noted that because of the size of the home to complete paperwork staff used a table in the dining room, which affected the space available for people to use to eat their meals.

The manager told us that the home menus were under review. This was so they would give people more choice and address their personal preferences. The main cook for the home was unavailable at the time of our visit. We spoke with the second cook. They told us all the meals were freshly prepared at the home. The cook was aware of the people who required special dietary needs, for example, soft diets for people who had difficulty swallowing. The cook told us that they always presented soft foods separately to make the meal look more appetising. The senior carer told us that people's weight would be checked monthly or

more often if required.

We asked the manager and the registered provider about people's access to health care. We were told that most residents were registered with a local GP surgery but the home supported those people who preferred to remain with their own GPs outside of the home's area. People's records held information about health care professionals visits. We spoke briefly with a visiting doctor about the home. They said they had a good relationship with the home and they provided good care.

During our inspection a person became unwell. We saw that prompt action was taken and a doctor visited the home. Arrangements were made for the person to be admitted to hospital. The registered provider went with the person and stayed with them taking relevant medicines and personal information with them. People relevant to the person were informed of the situation.

The manager told us that were a person needed more specialist support arrangements had been made with the appropriate health organisation.

We saw that equipment was available for pressure relief and the manager told us that no-one living at the home had pressure sores. We saw that when people were being transferred by a wheelchair footplate were always used to prevent damage to a person's feet. The manager told us that no-one was using bedrails. We saw that grab rails internally and ramps externally to help support people to move round the home. The home was situated on a main road opposite a park, which some people used to go for a walk with the activities organiser.

Is the service caring?

Our findings

We received positive feedback about the home from the people who used the service, relatives and friends and staff we spoke with. The atmosphere was relaxed and there were frequent and friendly interactions between people and the staff. The manager said that the registered provider was always present when new people came to stay at the home to greet them. The manager said that the registered provider was, "Extremely caring." The registered provider said, "The residents are my first priority and I want Lindenwood to be a home from home." The registered provider was seen to be proactive and caring throughout our inspection.

People we spoke with told us, "[Staff] are fine and they are very nice", "It's great. It depends on your attitude. I am quite happy here", "I am happy sat here. [Staff] are alright. I share a room and that is alright" and "They have accepted me and I have accepted them. I have everything I need and they give you everything you want. I know how hard [staff] job is."

Relatives said, "We looked at many homes. This one felt like home because there are not many people here. The staff and [registered provider] are lovely. We would highly recommend it", "It's more of a home than other places we have seen" and "Wonderful. I can't fault them. It's like family here." We saw that relatives and visitors were offered a drink when they arrived.

Night staff who we spoke with told us that they were under no pressure to get people up. They said, "We encourage people to stay in bed. It's their choice", "It's very chilled and more homely than a large place" and "It's very good here. I can't fault the care." A member of the day staff said, "Its one of the best homes I have worked in."

We saw that people appeared well dressed and cared for. A hairdresser was visiting on the day of our inspection to attend to people's hair. We noted that people wore jewelry and had handbags or whatever they needed with them for example a book to read. People's rooms were seen to be personalized to people's individual tastes.

We saw that staff were polite and attentive to people. We observed staff supporting people at a relaxed pace and engaging with people in a well-mannered way, at eye level, giving people choice and with good humour. We observed that care staff were kind and treated people in a respectful and dignified way. We heard the care staff using the person's preferred name and explain what they were doing. We noted staff assisted the person at their own pace and constantly checked their welfare.

We were given examples about the support, particularly from the registered provider, provided to people who had no family or friends. For example, supporting people to clear their property and make sure they had the personal belongings they wanted to bring with them. The registered provider also stayed with people if they were taken into hospital so that they were not alone.

We saw a compliment received by the home that commented, "My mam and dad asked me to send you this

thank you to let you know how much they appreciate what you and your team do for them. Especially the flowers recently for their anniversary. Thanks for everything you do."

We were told that a Roman Catholic priest attended the home weekly to give communion to those people who wanted this.

The manager also told us that people were given the opportunity to vote but people had declined.

End of life arrangements were part of people's care plans. No-one was receiving end of life care at the time of our inspection. The manager told us that these were only completed with people who wanted to do so. The deputy manager informed us that they had recently been involved in making burial arrangements for a person who had been a member of the armed forces who had served during the second world war. The deputy had contacted the person's regiment who sent representatives in uniform, which included musicians who played music and the last post on a bugle.

Is the service responsive?

Our findings

At our last inspection, we found that the service was in breach of the regulations because the care plans were not detailed enough to direct staff how best to support people's individual needs. However, we were made aware that new person centred care plans were in process of being put in place by the then new manager. We had received an action plan from the provider telling us what action they intended to take to make improvements.

The manager and one of the deputy managers were responsible for carrying out the assessments before it was agreed that the person moved into the home to be sure they could meet their needs.

At this inspection, the manager informed us that everyone now had a new care plan in place and we saw that plans were readily available for staff to use. We looked at three care records one with the manager and a second with a senior staff member. We saw they were positively written and any risk areas were highlighted in yellow.

A 'This is me' document had been introduced which gave more detail about people's backgrounds and preferences. This information accompanied a person when they were admitted to hospital so hospital staff had information about the person.

The manager also told us that since the last inspection people had been allocated a keyworker. It was the responsibility of the keyworkers to keep the person's records under monthly review and updated. The managers evaluated the files every three months though this was brought forward if there were significant changes in people's needs. Action plans were put in place if shortfalls were found. The senior staff member said that the keyworker system had, "Increased responsibility and improved communication. It makes sure things get done." The manager told us that a sheet to confirm that staff had read and understood the care plan and risk assessments was yet to be added to the files.

The manager told us people had been involved in their care planning we saw plans had signatures to confirm they had been involved or as appropriate someone acting in their best interest. Relatives and friends told us they were kept informed about any changes in people's health needs. Reviews with families present had started to be undertaken.

We attended a handover meeting between the night staff and the day staff. A handover meeting helps to ensure that staff are kept updated about people's changing needs and what on-going support they require. An update on all the people who used the service was given at the handover meeting.

At our last inspection, we found that the service was in breach of the regulations because there was a lack of meaningful activity and community involvement at the home. We had received an action plan from the provider telling us what action they intended to take to make improvements.

Since our last inspection an activities coordinator had been employed by the home. One person said, "There

is more going on here since [activities coordinator] started here." We spent time talking with the activities coordinator who worked at the home four days a week for four hours a day. They told us about the activities they undertook with people both as a group and also on a one to one basis. They said that it could be difficult to motivate people but often when a session started people wanted to join in. Activities included artwork, card making, playing records, memory cards and armchair exercises. The activities coordinator told us they had the resources they needed but also planned to purchase large floor games that could be used both inside and outside the home. They were also looking into local trips and a swimming class for people living with dementia. They said, "I get help from the staff and families and visitors join in too." We noted that a family member had donated knitted tactile mufflers and cushions for people to use. Some people had their own interests, for example, reading books and newspapers. One person said, "I like to go out and sit in the garden and read my book when the weather is warm enough."

We asked people if they knew how to make a complaint if they wished to. All the people we asked during the inspection told us they knew how to make a complaint if they were dissatisfied with the support they received and were confident their concerns would be taken seriously by the registered provider. One person said, "I would tell [registered provider] she would definitely sort it out." We looked at the system for managing complaints in the service. We noted a complaints procedure was in place and a system for recording complaints. There had been no formal complaints made at the home since our last inspection. We did note a number of recent compliments made recently. Relatives and visitors commented, "So happy [relative] is well looked after. The home is very clean," "Always so calm and relaxed" and "A very special caring and lovely care home. Really nice caring staff. A truly family home from home."

Is the service well-led?

Our findings

The service did not have a registered manager in place. At our last inspection in May 2016, the manager had only been in post for six weeks. We reminded both the registered provider and the manager that a registered manager was a condition of the registration of the service. The manager told us that they had applied for the necessary criminal record check to register with us and we saw evidence of this. The manager told us that once the criminal record check had been returned they would send us their application form to register with us.

Because action had not been taken to register with us in a timely manner, we have placed a limiter on the rating of the well-led section of this report.

We saw that the registered provider, two deputy managers and three senior staff supported the manager. The manager told us that they would try to ensure that one of the management team was present at the home most of the time.

Staff told us, "All the management team and the registered provider are very approachable and friendly. I could speak to any of them about anything."

We talked with the registered provider and the manager about their qualities and strengths. They agreed that they complemented each other in the running of the service. The manager said, "[The registered provider] is very passionate about the home and the needs of the residents." It was clear that the manager had been involved in making many improvements at the home, promoting a more person centred approach and to re-educate staff to make sure they full understood their legal responsibilities to protect the people they cared for and be more accountable.

At our last inspection, we found the service was in breach of the regulations because the service had not notified the Care Quality Commission (CQC) of a safeguarding incident that had occurred. We had received an action plan from the provider telling us what action they intended to take to make improvements.

At this inspection, we showed the manager a copy of the statutory notifications we had received from the service. The manager agreed that the list was correct and there were no notifications that had not been sent to us. We looked at what action the service had taken to mitigate an identified risk and discussed what lessons had been learnt during this process.

We saw that the home had a statement of purpose and a service user guide, which were available on people's files. It is a legal requirement for services to have this information. The statement of purpose was due to be amended to reflect recent changes in staffing arrangements.

At our last inspection, we found the service was in breach of the regulations because the service did not have any quality assurance and health and safety monitoring systems in place. This meant that the manager and registered provider did not have an effective way of knowing that people received a safe and good

standard of care and support.

We had received an action plan from the provider telling us what action they intended to take to make improvements.

At this inspection, the manager showed us the systems they had put into place to evidence that there was on-going monitoring of the service. We saw a health and safety inspection checklist and monitoring checklist, which covered a wide range of health and safety issues, as well as falls, accidents and incidents. However, the systems in place had not identified all the shortfalls we found during our inspection as we found a continuing breach around risk.

The lack of effective health and safety and quality assurance systems is a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there were policies and procedures in place to give guidance and support to staff in performing their caring role. We saw that staff had access to the homes policies and procedures at all times.

At our last inspection, we asked the manager about the challenges they faced in managing the service. The manager told us about the lack of uniform paperwork which they were in the process of rectifying, staff recruitment including the recruitment of an activities coordinator and developing a more person-centred approach within the service. They told us they were keen to get these issues resolved and improve how things were done at Lindenwood.

We found at this inspection that many improvements had been made. These included, new care plans and risk assessments, the employment of an activities organiser, the new electronic medication system, the introduction of the infection control champions, training including external training, the keyworker system and quality and health and safety audits. There were plans in place for future improvements, for example, turning one of the bathrooms into a wet room to make it easier for people to use and the introduction of an archiving system for records.

The registered provider, following our inspection, informed us that the manager intending to register with CQC had verbally resigned from the managers post on 25 April 2017. We were informed that one of the deputy managers had agreed to take on the role. They had applied for the appropriate criminal record check and once returned would make an application to register with us.

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 Potential risks to the safety of the premises had not been assessed and appropriate action to mitigate such risk identified and taken. Regulation 12 (1) (2) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems in place were not adequately robust to ensure the effective monitoring and improvement of the quality and safety of the service. Regulation 17 (1) (2) (a) (b) (c)