Linden Care Homes Limited

Linden Grange

Inspection report

14-16 Grange Road
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Nuneaton
Warwickshire
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Tel: 02476390800

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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

The inspection took place on 31May 2017 and the visit was unannounced, and carried out by two inspectors.

Linden Grange is one of three homes provided by the Linden Care Homes Limited. The service provides accommodation and personal care for up to 35 older people living with physical frailty due to older age and / or living with dementia. The home has two floors; the ground floor provides care to up to 23 people and the first floor for up to 12 people. Both floors have communal lounge and dining areas and share enclosed gardens accessible to people from the ground floor lounge.

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post, who was on leave at the time of our inspection.

At our previous inspection in July 2016, we identified improvements were required in keeping people safe, in delivering effective care and treatment and in the management of the service. We gave the home an overall rating of requires improvement. At this inspection, we checked whether the provider and registered manager had made the improvements needed. We found sufficient improvements had not been made. We identified a breach in the regulations that related to the management of medicines and in the governance of the service.

The provider's system for the management of medicines was not always effective or safe. People that lived at the home had their prescribed medicines available to them, however, people that had left after a short stay, had not always had their medicines sent home with them. Checks on medicine records were not always completed and staff did not always have all of the knowledge they needed.

The provider had systems and processes in place to monitor the safety and quality of the service, however, these had not always been effective. The provider and registered manager had not always ensured actions, where risks to people's safety and wellbeing were identified, were managed effectively to reduce risks of reoccurrence. We found there had been a lack of oversight, from the provider, in relation to the governance of the home.

People who lived at the home felt safe. Risks of harm to people were assessed and actions to minimise those risks were taken by staff. There were sufficient numbers of staff on shift who knew how to safely meet people's needs. Staff were recruited in a safe way and the provider undertook checks to make sure staff were of good character before they supported people who lived at the home.

Staff received an induction when they started to work at the home and on-going training. People felt staff

had the skills and knowledge they needed to care for them. Staff worked within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People had choices about what they ate and drank and were referred to healthcare professionals by staff, where there were concerns about any changes in a person's weight. People were supported to access their GP when they needed.

People were supported by staff who showed a caring and kind approach. Staff showed respect toward people, and encouraged them to make decisions about their day to day care. People felt their privacy and dignity was maintained by staff when they were supported with personal care.

People had individual plans of care which staff told us they read. There were different group activities offered to people and staff also supported people to pursue their individual hobbies and interests and to socialise with others in the home. People had no complaints and said if they did, they would raise them. Meetings with people and their relatives took place which gave people the opportunity to give their feedback on the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service is 'Requires Improvement'. 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.

The provider's system for the management of medicines was not always effective or safe. Checks on medicine records were not always undertaken.
People had their prescribed medicines available to them.

Risks of harm to people were assessed and actions to minimise those risks were taken. The provider had sufficient numbers of staff on shift who knew how to safely meet people's needs. The provider had a safe system of recruiting staff and checks were undertaken to make sure staff were of good character before they supported people who lived at the home.

Is the service effective?

Good

The service was effective.

Staff had completed training and people felt staff had the skills and knowledge they needed to care for them. Staff worked within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to maintain their health by staff that made referrals to healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their day to day care and felt staff showed a caring approach toward them. People's privacy and dignity was promoted by staff, who demonstrated a respectful approach toward people when undertaking tasks.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt involved in decisions about their

care and support. Staff supported people to pursue hobbies and interests and to socialise. People said they would raise a concern if they needed to and felt they had opportunities to give feedback on the services received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider's systems and processes to monitor the safety and quality of the service did not always identify where improvements were needed. The provider had not always ensured actions where risks to people's safety and wellbeing were identified were managed effectively. Staff felt supported in their role by the registered manager.

Linden Grange

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.

The inspection took place on 31May 2017, was unannounced and carried out by two inspectors.

The provider had previously completed a provider information return (PIR). The PIR 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. Prior to this inspection, a request for a new PIR was not made. During this inspection, we gave the manager of Linden Care Homes Limited, who we refer to as the provider in our report, and the deputy manager of Linden Care Homes Limited, an opportunity to supply us with information, which we then took into account during our inspection visit.

We reviewed the information we held about the service. This included information shared with us by the local authority and notifications received from the provider about, for example, safeguarding alerts. A notification is information about important events which the provider is required to send us by law. The registered manager had informed us about a medication incident that we followed up on during our inspection.

We spent time with people and saw how they received care and support. This helped us understand their experience of living at the home. We used the Short observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
We spoke with seven people and spent time engaging with people who lived at the home. We spoke with three relatives who told us about their experiences of using the service. We spoke with staff on duty including six care staff, one cook, the provider and the deputy manager for Linden Care Homes Limited. We spent time with and observed care staff offering care and support in communal areas of the home.

We reviewed a range of records, these included care records for five people, people's food and drink charts, six people's medicine administration records and eight further medicine records. We looked quality

assurance audits and feedback from people.

We left a poster about our inspection, displayed at the home which told relatives how to contact us to give us feedback if they wished to.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in July 2016, we rated this key question as 'requires improvement' because we found improvements were required to identify and manage people's individual risks. Actions were not always taken to reduce risks of potential harm because staff did not have all the information they needed. At this inspection, we found improvements had been made in those areas, however, we identified improvements were needed in the provider's systems for the safe management of medicines.

We looked at the provider's systems for the safe management of medicines and found improvements were needed. Systems for ordering people's repeat prescription medicines was not effective. We found unused packets of boxed, in-date; medicines were in a container to be returned to the pharmacy for destruction, whilst requests had been made by the registered manager for a new stock of the same medicines. For example, three people each had new packs of medicines that contained over 30 tablets rather than these being carried forward to the next month and no new stock ordered. Another person had 87 tablets, with an expiry date of 2021, due to be returned and staff confirmed 100 tablets of the same medicine had been ordered for the new medicine cycle.

When people had used the service for a short stay and then returned to their own home, their medicines had not always been sent with them.' For example, one person who had returned to their own home in April 2017, had 27 sachets of a medicine that belonged to them. Another person, who had also returned to their own home in April 2017, had three medicinal skin patches that were stored with other people's medicines that lived at Linden Grange. We discussed this with one staff member who told us when people had left the home, they had still been taking their prescribed medicines but these had 'just not been sent with them." This was potentially unsafe practice because people may have returned to their own homes without a stock of medicines they needed.

Some people were prescribed medicines known as controlled drugs with specific legal requirements. These were stored safely and available to people as prescribed. However, we found discrepancies in the log book entries for two people. We saw staff had entered one person's medicinal skin patch incorrectly. We found another person's stock of their medicine did not match the stock recorded in the log book. We saw the controlled drugs log book had not been checked since April 2016 and the issues we found had not been identified by staff administering people's medicines or the registered manager who we were told was responsible for the safe management of medicines in the home. Staff confirmed they did not make any record of the fridge maximum and minimum temperatures and told us they did not know when they would need to report a concern.

Staff had received training in the safe handling of medicines, however, the registered manager told us they felt re-training was needed. The registered manager had told us this when they reported an adverse medicine incident to us, prior to this inspection visit. At this inspection, we were told most staff had been retrained and competency assessments had been undertaken. However, we found staff training and checks on their knowledge had not always been effective. For example, one staff member had not followed the provider's medication policy that related to the safe handling of controlled drugs. None of the staff spoken

with could tell us what the safe temperature was for medicines stored in the designated medicines fridge. Some people were prescribed medicinal skin patches. We found staff completed body maps that recorded the application of the patch to the person's skin, two body maps we looked at showed applications were in line with the manufacturer's instructions. However, staff told us they had not been told about the importance of following the manufacturer's instructions. One staff member told us, "I was unaware that we had to leave the skin site to rest for three to four weeks." The manufacturer's guidance for use of skin patches outlines the importance of skin site rotation so that the medicine is absorbed through the skin as intended.

We found there was no log book of homely remedies; these are 'over the counter' medicines purchased without the need for a prescription. We saw one part used bottle of cough syrup had not been dated on opening. There was also a box of prescription only paracetamol tablets available for general use as a homely remedy. We saw marks on the box where a pharmacy label had been torn off.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

The provider and deputy manager told us they would take immediate action on issues identified by us. The deputy manager told us, "All of these issues will be dealt with. With immediate effect, I will be taking responsibility for the ordering and management of medicines here and further training, through a group supervision session, will be given to staff to improve knowledge and safe practice and to ensure staff follow our policy.

One staff member explained that people's repeat medicines were delivered from a pharmacy in a 'bio dose' system for administration, and this system helped them ensure medicines were given to the right person at the right time. We looked at six people's medicine administration records (MARs) and found that these had been completed accurately to show people had received their medicines as prescribed. Some people had medicine prescribed with a variable dose and these had been recorded. When people were prescribed topical preparations, such as creams, 'body maps' were available for staff to refer to so they knew where the person's creams should be applied on their body. One person told us, "Staff remember to give me my medicines. I always have my tablets first thing."

We asked people how they felt about the home, and people told us they felt safe because there was always staff around to support them. One person told us, "I suppose the staff and the building make me feel safe." Exit doors were number key coded to make sure people could only leave the building independently if they understood the risks of going out alone. People told us they trusted the staff because they would 'do anything for you'. Staff told us they had training in safeguarding and understood that abuse could take many forms, such as financial or emotional abuse or neglect. Staff told us, "We keep people safe and look after them properly" and "I would speak to the supervisor or owner if I had concerns."

People's individual risks were assessed and care plans included guidance for staff to minimise the identified risks. Staff understood people's individual risks and followed the guidance in the care plans. A member of staff told us, "[Person] can walk (independently), but they get flustered and hot, so we used a wheelchair (for distances). They are calmer and settled then."

Some care plans had not been updated recently. For example, one person's care plan said they were able to eat independently using regular cutlery and crockery. At lunch time we saw this person was not able to eat independently and staff needed to assist the person to eat. Although staff knew the person's needs and abilities had changed and supported them appropriately, there was a risk that the person's true needs and

abilities would not be taken into account when staff levels were reviewed or when new people moved into the home, which could impact on the amount of time available to support each person.

The provider told us they had recently changed a contract, and no longer provided ten short stay 'discharge to assess' beds. This had reduced the number of people who lived at the home from 35 to 25. They told us they had maintained the same level of staff for the time being, and did not have to worry about finding urgent replacements for unplanned staff absences. Everyone we spoke with told us there was always enough staff to support them according to their needs. People told us they did not have to wait for support, because staff responded promptly when they rang the call bell in their bedroom. Staff told us there were always enough staff to have time to get to know people well. We saw there were enough staff to support people with their physical and emotional needs. For example, staff spent time sitting and talking with people and shared their day to day lives and enjoyed lunch with people.

The provider's recruitment process ensured, as far as possible, that staff were of good character and safe to work with the people who lived there. Staff told us they had provided details of references and for a 'police check' to be completed. The deputy manager told us Disclosure and Barring Service (DBS) checks were undertaken before workers started their employment at the home. The DBS is a national agency that keeps records of criminal convictions.

The provider had suitable arrangements in place to deal with emergencies that might arise from time to time. One staff member told us, "every shift we have an identified staff member who is the 'fire person' and 'first aider,' it's me for both of those today." This staff member was able tell us what they would do in an emergency. People had personal emergency evacuation plan (PEEPs) and emergency evacuation equipment was available for staff to use if needed. Another staff member told us, "We've practised using the evac' mats on each other (staff) so we know what to do."

We looked at the cleanliness of the home and saw it was clean. People told us their bedrooms were kept clean and tidy by staff and felt the home was 'kept nice and clean' all the time. People told us this made the home a pleasant place to live.

Good

Is the service effective?

Our findings

We last inspected how effective the service was during our inspection in July 2016 and gave a rating of 'good'. At this inspection we found the effectiveness of the service remained good.

People told us staff were effective because they had the necessary skills and understanding of their individual needs and abilities. People told us, "They always wash you alright" and "Two care staff came and offered to help me get up. They said, 'we'll give you a hand'. They turned the shower on to get the temperature right. They said, 'that's what we are here for'."

All staff had recently completed the Care Certificate, including staff who had already achieved nationally recognised qualifications in health and social care. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life. Staff told us they found this training useful to refresh their knowledge and understanding. Staff told us they had additional training in subjects that were relevant to people's needs, such as in palliative care and making simple blood sugar checks, so they could make sure that people received any necessary medical support.

Staff told us they felt supported by the management team because they had regular opportunities to talk about any concerns and their own personal development. They told us information was shared effectively between staff and management and there was always an experienced member of staff on duty. They told us, "There is an hour overlap in the morning between night and morning staff. Then morning handover" and "Supervisors have meetings and cascade information to care staff."

The Mental Capacity Act (MCA) 2005 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 are called the Deprivation of Liberty Safeguards (DoLS).

The deputy manager for the Linden Care Group told us six people were deprived of their liberty and had an authorised DoLS. Staff understood the reasons why some people were deprived of their liberty, one staff member told us, "It's for their safety, and some cannot go out alone."

Staff understood they could only deliver care and support with people's consent and that healthcare professionals needed to be involved in making best interest decisions on their behalf. One member of staff told us, "One person is on covert medicines. Nine times out of ten, they are happy to take their medicines, but sometimes declines to take them, so then they are given covertly (hidden with their food)." Records showed the best interests of this person had been discussed with healthcare professionals.

Throughout our inspection visit, we saw that people were able to make their own decisions about their day-

to-day care and support. People spent time in their own bedrooms or in the communal areas according to their individual preferences, which staff respected. We saw staff asked people's consent to be supported and offered people choices, to aid their decision making. People told us, "Staff ask if I would like to go downstairs" and "Staff fetch and carry for me. They fetch my water. They will do anything for us."

People were supported to eat a balanced diet that met their dietary needs and preferences. People told us the meals were good and they always had a choice. Two people told us the cook had visited them in their room to talk about the kind of meals they would like. People told us, "Cook is very nice. She knows I prefer fish to meat" and "The liver today was beautiful and I've had spaghetti bolognese. It's ever so good and you can have seconds." Staff told us, "People's care plans say their dietary requirements" and "If a person was wheat or dairy intolerant, we can offer salads and dairy free milk."

At lunch time we saw most people were able to eat independently. Staff sat and ate a meal with people and discussed people's favourite foods, which encouraged and reminded them of the pleasure of food. One person who needed assistance to eat was supported by staff sitting with them and was supported at a pace that suited them and enabled them to savour their meal.

When people did not want to sit down and eat their meal with other people, staff put a cover over their plate to keep it hot and continued to encourage people to join them at the table. Staff told us they offered people who did not eat their meals high calorie snacks throughout the day. Staff told us, "[Name] eats finger food. We put plates of food in her room, cheese, grapes, bananas and chocolate biscuits."

We found staff had always accurately recorded people's food intake when monitoring charts were used. However, they had taken appropriate action when people lost weight and were identified as at risk of poor nutrition. Records in people's care plans showed people were referred to dieticians for advice on how to improve people's dietary intake. The dietician's advice had been followed effectively. For example, the dietician had discharged one person from treatment when their weight had stabilised. The deputy manager told us they would ensure recording forms were completed by staff when needed and these would be checked by them in the future.

People told us they were supported to maintain their health because staff made sure they had regular appointments with healthcare professionals, such as GPs, nurses and chiropodists. People told us, "The nurse comes here to do my B12 injections" and "The district nurse comes every day for my insulin injection." People had confidence in staff's ability to recognise the signs of ill health through changes in their behaviour, mood or appetite, and to take appropriate action. One person told us, "The night staff recognised how poorly I was once and sent for an ambulance. I had pneumonia."

Good

Is the service caring?

Our findings

We last inspected how caring the service was during our inspection in July 2016 and gave a rating of 'good'. At this inspection we found the service people received remained caring.

People told us they felt well cared for because the staff were 'very nice', 'wonderful' and 'lovely, really good to me'. One person told us, "They are all the same, patient and caring. They are absolutely brilliant. I couldn't praise them enough."

Staff told us they liked working at the home because they liked working with people. A member of staff told, "I love it. It feels rewarding knowing you give people choice and make a difference, made them smile." We saw staff understood people's needs for emotional support and reassurance and staff knew that people were reassured by physical contact. Staff held people's hands, stroked their arms and stood close to people while they talked with them. People inclined their head or body towards staff during their conversations, which showed they trusted staff.

People told us they liked living at the home and felt encouraged by staff to personalise their own rooms. Some people had brought pieces of furniture from their previous home, which they told us, gave them comfort. People's names and photos were on their bedroom doors to give them a sense of ownership. Staff had added a picture of something one person was interested in, to help them remember which room was theirs.

Staff told us they knew about people's histories and individual preferences because they were explained in their care plans and they had enough time to get to know people well. A member of staff told us, "People have different characters and different ways of being and thinking" and "Staff can do life history work. I love reading the life histories. It's nice to know a little bit about the person, so I understand how they respond and how they feel about themselves."

One person told us, "The first morning, about 6 o clock, they brought me a cup of tea. They said, 'I know you like to get up early so I've brought you tea and a biscuit'." The person told us this was their preference, but they did not know how staff knew, they said all the staff seemed to know, because they all did the same.

People told us staff treated them with respect and promoted their dignity. People told us, "They are very nice, very good at personal care. They try to make you smile" and "You want that personal touch, it's important." Staff encouraged people to maintain pride in their appearance to maintain their self-esteem. People's hair was groomed, their nails were manicured and their clothes were clean and fitted well. One person told us, "I had my nails painted" and were pleased to show us their hands. Another person told us they liked the terms of endearment staff used to them. The person smiled as they told us, "When I go for breakfast [Name of staff] sees me and shouts 'are you alright darling?'"

People told us their relatives could visit them whenever they wished. Relatives told us they were not aware of any restrictions when they visited, one person's relative told us, "The staff are very welcoming."

Staff told us they understood the importance of keeping people's personal information private. We saw records, such as care plans, were kept securely and access restricted to those authorised.

Good

Is the service responsive?

Our findings

We last inspected how effective the service was during our inspection in July 2016 and gave a rating of 'good'. At this inspection we found the effectiveness of the service remained good.

People's care needs were assessed and they told us they felt happy with where they lived. One person described the staff as 'marvellous.' People and their relatives felt they were involved in decisions about how their care and support was planned for and delivered. One relative told us, "We are happy with things here, it all seems to be going okay and we feel involved."

Staff knew people well and how to respond to their needs. Staff told us that supervisors (team leader) looked at, assessed and reviewed people's care plans. One staff member told us, "They share information and suggestions and share concerns about people's weights and appetites." Staff said this kept them up to date with people's support needs.

People and their relatives told us they liked the environment of the home and had choices about how they spent their time. There were pictures and posters along corridors; creating a homely atmosphere. We saw the activities staff member engaging people in group conversation and a musical quiz. One person told us, "I went to Coombe Park, staff took a wheelchair for me to use and we had a coffee and a picnic. The grounds are lovely." Other people told us how they spent their time at the home; "I do puzzles, read newspapers and books," and, "I visit my friend downstairs. I go down in my electric wheelchair," and, "I belong to the gardening club. I wanted sweet peas." One person told us, "[Staff name] does gardening with us. She's wonderful. I don't know what we would do without her."

People were supported to follow their faith in a way they wished to. One person told us, "The Church of England visits to give us Holy Communion," and another person added, "We have a monthly worship service, I go to that."

Information about how to make a complaint was displayed in the entrance area of the home. One person told us, "I've told the manager, I've no complaints. I'm happy here." Staff told us they would support people to make complaints. Speaking with us about what they would do if someone told them they had a complaint, one member of staff said, "If I could not sort it out, I'd tell the manager." The deputy manager showed us their complaints log, which showed there had been two complaints received since our previous inspection. The deputy manager told us these were looked at and dealt with on an individual basis, though any themes that emerged would be used to identify where improvements were needed.

Opportunities were offered to people and their relatives to give feedback. A 'suggestions box' was available and checked on a weekly basis. 'Resident and Relative' meetings took place and feedback was acted up on. For example, more entertainment had been requested by people. The provider had recruited a designated activities staff member and visiting events had taken place such as a ukulele band and an exotic pet's visit. People had requested dog visits and the provider had contacted 'Pets As Therapy dogs' and was waiting to hear if they could arrange visits to the home. Minutes from May 2017's 'resident and relative' meeting

identified actions to be taken, and these included people requesting a more private area for their monthly church service held at the home. People and their relatives told us they felt able to give feedback and that ideas would be acted up on.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in July 2016, we rated this key question as 'requires improvement' because quality assurance systems and processes were not always effective, which meant opportunities to identify where action was required to implement improvements were missed. At this inspection, we found some improvements had not been made or sustained, which meant further improvements were needed in the provider's governance and oversight of the home.

We discussed issues we identified with the management of medicines with the deputy manager for Linden Care Homes Limited and they agreed improvements were needed to the systems operated by the registered manager. We asked them and the provider about what support and checks were in place and their oversight of the home. They both told us that the registered manager had declined their support and wished to manage the home themselves. However, this had not been effective. For example, medication audits had failed to identify the issues we found and checks of important records had not taken place. The provider's lack of effective oversight meant opportunities to identify where action was required to implement improvement had continued to be missed.

Improvements were required to ensure staff completed documentation as required, clarity given to staff in the purpose of records and in the checks undertaken by management to ensure records were completed as needed. For example, written records that staff called 'food monitoring charts' were not always updated accurately and did not have a consistent purpose for their use. Staff told us, "The reasons for recording what people eat is not always to monitor their intake, but to remind people what they ate, because they forget, and to reassure relatives they are eating." Staff told us, "There are no daily or weekly totals columns when we do monitor. I am not sure who monitors those at risk." The deputy manager said they would have expected the registered manager to have undertaken checks on staff record keeping and identify where improvements were needed. However, we found staff had not received effective guidance where improvements in their record keeping were needed.

Care plan audits were not always effective and had not identified when information needed to be updated when people's support needs changed. For example, we saw one person's 'eating' care plan did not reflect their current needs.

A monthly 'infection' audit was undertaken by the registered manager to monitor the number and type of infections people had at the home. We saw 12 people had 13 different infections, such as urinary, chest or wound infections, for January 2017. We saw one person had a recorded urine infection for four consecutive months. Whilst appropriate healthcare guidance was sought on an individual basis for people, there was no analysis of their audit by the registered manager to determine potential causes and actions to minimise reoccurrence of infections.

There was a log of accidents and the registered manager created a monthly report for the home for the provider. Whilst there was an analysis which recorded the location of the home where falls had occurred, we found actions to minimise the reoccurrence of accidents had not always taken place. For example, the audit

report for April 2017 recorded 20 accidents in the home, however, the page 'action taken to reduce incidents' was blank.

This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt supported by other care workers and by the registered manager. One staff member told us, "I get on well with other staff. I settled in straight away. The team gels well." Another staff member said, "There is always our manager or other management team for cover and we have supervisors (team leaders) who support us well."

People and their relatives knew who the registered manager and provider were and felt they were approachable. One person told us, "I wasn't expecting it to be like this. It's brilliantly run and immaculately clean."

The deputy manager showed us quality assurance feedback surveys. These were in an accessible written and pictorial format that enabled people that lived at the home to give their views. We saw these had been completed during February and March 2017, however, no overall analysis had been completed. Most comments were positive, however, we saw some comments identified areas where potential improvements were needed. We could not be assured actions had been taken to address some negative comments that had been made. For example, when asked about staff, one person had written, 'there's favouritism, some are strict, some are new and don't understand I'm a lady" and 'staff are too busy.' We acknowledged this feedback was sought before changes were made to the service and the short stay discharge to assess beds were no longer operated by the provider and those changes may have altered people's experiences.

The provider told us that the registered manager had, prior to our inspection visit, tendered their resignation and this meant there would be a change to the registered manager of the service. The provider informed us this would be their deputy manager for Linden Care Homes limited, who had already worked for the group for numerous years. The provider said their deputy manager would be based at Linden Grange with immediate effect and address shortfalls identified by us during our inspection. Following our inspection visit, the deputy manager updated us on actions taken which included a medication audit, improvements to the processes for the safe management of medicines and planned changes to quality assurance systems.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have a safe system for the management of medicines. Staff did not consistently follow the provider's policy on the safe handling of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to monitor the safety and quality of the service were not always effective.