

Mr and Mrs K Khistria

Linden House Care Home

Inspection report

Delph Lane
Shadsworth Road
Blackburn
BB1 2BE
Tel: 01254 690669

Date of inspection visit: 7 and 8 October 2014
Date of publication: 02/12/2014

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection which took place on 7 and 8 October 2014. The service was last inspected in April 2013 when we found it to be meeting all the regulations we reviewed.

Linden House Care Home provides accommodation for up to 40 people who need support with personal care.

There is a dedicated unit for up to 12 people with dementia care needs. There were 38 people living in the home at the time of our inspection.

The service had a registered manager in place. 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.

All the people we spoke with told us they felt safe living in Linden House and that the care they received met their needs. They told us there were always sufficient staff on

Summary of findings

duty to meet their needs. Comments included, “I definitely feel safe here because we are looked after”, “Staff know me and I have choices about what I do” and “Staff are kind and caring”.

Staff told us they had received training in how to protect people who used the service. However, we observed one incident during the inspection which was not recognised by one staff member as abusive and therefore necessary action to protect the person concerned was not taken. This meant there was a risk staff did not understand their responsibilities to report abuse in order to safeguard the health and welfare of people who used the service.

Risk management policies and procedures were in place. However, the completion, reviewing and updating of risk assessments needed improving so that information accurately reflected the needs of people and how they were to be kept safe.

Plans were in place to extend and refurbish Linden House. While we found some improvements could be made to the environment in order to support people with dementia to be as independent as possible and to provide more privacy, the registered manager told us these had already been included in the planned refurbishment of the premises.

There were systems in place to provide staff with support, induction, supervision and training. Staff told us they enjoyed working at Linden House and considered they received the training and support they needed to effectively carry out their role.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty

Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

People’s health needs were assessed and staff ensured appropriate services were in place to meet these needs, including dieticians and palliative care services. Where necessary, staff provided support and monitoring to ensure people’s nutritional needs were met. All the people we spoke with made positive comments about the quality of food in Linden House.

We observed positive interactions between staff and people who used the service, particularly those people in the residential unit. People told us staff treated them with dignity and respect and were always kind and caring.

Although people who used the service told us they could not recall being involved in reviewing their care plan, they felt the care they received was appropriate to meet their needs.

There were a number of quality assurance processes in place at the home. However, improvements needed to be made to the way complaints were recorded and responded to. The system for reviewing, updating and auditing care plans also needed to be improved in order to protect people from the risks of unsafe and inappropriate care.

We have identified breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take in the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service needed to make improvements to ensure people were safe.

People we spoke with told us they felt safe living at Linden House. However improvements needed to be made to ensure all staff understood how to recognise and report abuse.

Improvements needed to be made to the risk assessment and risk management procedures to ensure people were protected from the risks of unsafe care.

A plan of refurbishment was in place to improve the environment.

Requires Improvement



Is the service effective?

The service was effective. Staff received a range of training and told us they were well supported to effectively undertake their role.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were not restricted in the home unless this was legally authorised.

Systems were in place to help ensure people's nutritional needs were met.

Good



Is the service caring?

The service was caring. People who used the service told us staff were kind and caring.

People told us they were treated with dignity and respect. This was confirmed by the interactions we observed between people who used the service and staff during our inspection.

Good



Is the service responsive?

The service was not sufficiently responsive to people's needs.

Although people told us staff provided care to meet to meet their needs, care plans and risk assessments were not updated in a timely manner to reflect people's changing needs.

Requires Improvement



Is the service well-led?

Improvements needed to be made to the quality monitoring systems in the home to help ensure people who used the service were protected from the risks of unsafe or inappropriate care.

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

Requires Improvement



Summary of findings

Regular meetings were held with staff. These provided the opportunity for staff to discuss any concerns or practice issues in the home. Staff told us they enjoyed working in Linden House and felt well supported by the registered manager and senior staff.

Linden House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 October 2014 and was unannounced.

The inspection team consisted of a two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We contacted the Local Authority safeguarding

team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service. This helped to inform what areas we would focus on as part of our inspection.

We spoke with eight people who used the service, six relatives and a visiting health professional. We also spoke with seven staff, including domestic and kitchen staff, as well as the general manager and the registered manager.

During the inspection we carried out observations in all public areas of the home and undertook Short Observation Framework for Inspection [SOFI] observations in the two dining rooms during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for four people who used the service and medication records for a further four people. We also looked at a range of records relating to how the service was managed; these included training records and policies and procedures.

Is the service safe?

Our findings

We found the service needed to make improvements to ensure people were kept safe and protected from the risk of receiving inappropriate care.

All of the eight people we spoke with who used the service told us they felt safe living at Linden House. Comments people made to us included, “I definitely feel safe here because we are looked after” and “I feel safe because the main door is locked”. All the relatives we spoke with told us they considered their family members were safe and well cared for in Linden House.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC and, where necessary, the police. We had also been provided with evidence prior to our inspection that the registered manager had taken appropriate action to investigate when any concerns had been raised about the attitude and behaviour of some staff at the home. Where necessary disciplinary action had been taken against staff to protect people who used the service from the risk of harm.

We checked the training records for the staff and found 24 out of 30 staff had completed safeguarding training. Staff we spoke with told us they were aware of the safeguarding and whistle blowing (reporting poor practice) policies for the service. They told us they would always report any concerns to a senior member of staff and were confident they would be listened to. However, our observations during the first day of the inspection raised concerns about the ability of some staff to recognise potential abuse.

No one expressed any concerns about bullying or harassment at Linden House. However, from our observations at lunchtime on the first day of our inspection, we saw one person was subjected to derogatory comments from two other people who used the service. One member of staff was present when this took place but took no action to address the situation.

We later discussed the incident with this member of staff and another staff member who was also in the dining room during the lunchtime period. The member of staff who observed the derogatory comments told us they had tried to support the person subjected to the comments to move to a different table but they had chosen to remain where

they were. The staff member had not thought it necessary to report the incident. They told us they had not completed any safeguarding training since working at Linden House. This meant there was a risk people were not protected by staff who were able to recognise abuse and understand what action they needed to take. We discussed this with the registered manager who told us they would take action to ensure all staff understood the potential signs of abuse and reported any concerns promptly.

The second member of staff we spoke with told us they had not witnessed the incident but recognised that it was potential abuse. As a result they immediately reported the incident to the registered manager who contacted the local authority safeguarding team to raise an alert in order to protect the person concerned.

The four care files we reviewed contained risk assessments relating to the individual needs of each person. However, we found the risk assessments for one person had not been updated following a rapid deterioration in their health. Another person had two completed copies of the same risk assessment in place. These had the same date of September 2014 but were kept in different files. We noted these risk assessments contained contradictory information which the registered manager was unable to adequately explain. The lack of accurate and up to date risk assessments meant there was a risk people who used the service might receive unsafe care.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Linden House.

At the time of our inspection external building work had commenced for a planned extension to the service. Risk assessments were on display at the entrance to the building to alert visitors to the potential hazards of this work and the protective measures put in place by the service.

During our visit we also noted some areas of the building required redecoration and refurbishment including the carpets, floor covering in the dining areas and bathrooms. We were shown the plans for the extension and advised the

Is the service safe?

remainder of the building would also be upgraded as part of these plans. People who used the service and their relatives did not express any concern about the cleanliness of the building and told us they were excited about the planned development in the home.

We reviewed the risk assessments and plans in place in relation to emergency situations including fire and other events which might stop the service running. We saw there was a fire risk assessment in place but the records showed this had not been reviewed since July 2012. Individual personal evacuation plans were in place but these were not readily available in the event of an emergency. This meant there was a risk people might not be protected in the case of fire or other emergency situation. A business continuity plan was in place and regularly reviewed; this should help ensure staff knew what action to take to protect people should the service not be able to operate normally.

We looked at how the service was being staffed to ensure people living in the home were cared for by enough staff on duty. We asked the registered manager to show us the duty rotas. We saw staffing levels were appropriate to meet the needs of people living in Linden House.

All people we spoke with who used the service told us there were always sufficient staff on duty to meet their needs in a timely manner. One person told us they felt the service had been short staffed due to a cleaner being off sick but that this had not impacted on the care they received.

Comments people made to us included, "There are always plenty of staff around" and "There are plenty of people to look after me; we are not short of staff". One relative we spoke with told us they thought there were not always enough staff available at weekends.

We saw there were recruitment and selection procedures in place which mainly met the requirements of the current regulations. However, we noted the application form for the service included the requirement for potential staff to document their employment over the previous ten years rather than to provide a full employment history as required by the current regulations. We looked at the files held for three staff who were employed in the service. These provided evidence that the registered manager had completed the necessary checks before people were employed to work in the home. This should help protect people against the risks of unsuitable staff.

We found there were policies and procedures in place to support the safe administration of medicines. We noted there were systems in place to gain the consent from people who used the service for staff to administer their medicines. All the people we spoke with who used the service told us they received their medicines from staff when they needed them. During our observations at lunchtime we noted people were asked if they wanted pain relief medicines. This should help ensure people received medicines to meet their individual needs.

Senior staff in the home were responsible for the administration of medicines in Linden House. Records we looked at showed these staff had undertaken training to support them to safely administer medicines to people who used the service. The registered manager was also undertaking regular assessments of staff competence to administer medicines.

Care files we reviewed showed there were care plans in place regarding the support people needed to take their medicines as prescribed. We saw, where appropriate, people were supported to maintain their independence in taking their medicines. Where people took responsibility for their own medicines, risk assessments were in place to ensure people understood what medicines they were prescribed and when they should be taken. Records we looked at provided evidence that these risk assessments were reviewed on a regular basis.

We saw regular medication audits had taken place, including an audit in July 2014 by the supplying pharmacist. We were told by the general manager that the actions identified in the audit had been completed. However, when we checked whether staff had recorded the temperatures of the fridge used to store medicines and the treatment identified as necessary in the audit, we found these had not been completed on 20 occasions during the period August to October 2014. This meant there was a risk medicines were not being stored at the correct temperature. We discussed this with the registered manager who told us they would remind staff of the importance of recording the temperatures at which medicines were being stored in order to protect people who used those medicines.

Is the service effective?

Our findings

We found the service was effective. This was because people who used the service told us they had choices and were supported by staff who knew them well. Relatives we spoke with told us they considered staff had the right skills and knowledge to meet their family member's needs. Comments people made to us included, "If there's anything we want to do we are free to do it", "Staff know me and I have choices about what I do" and "The staff look after [my relative] very well; they seem to have the skills to do it".

Staff told us and records confirmed that they had received training in a range of topics relevant to their role. These included infection control, nutrition and hydration, moving and handling and fire safety. We saw staff had also received training related to people's needs which included the care of people with a dementia. This should help ensure staff have the necessary skills and knowledge to effectively meet people's needs.

We spoke with a health professional who was visiting Linden House on the day of our inspection. They told us staff communicated effectively with them and were receptive to any suggestions or advice they gave. They also commented that staff were good at identifying where people were at risk of developing pressure ulcers and taking appropriate action to manage this risk. The improvement in the ability of staff to provide effective pressure ulcer care was also identified as a key achievement in the service by the registered manager.

All the staff we spoke with told us they had completed a robust induction programme when they started at the service, including shadowing more experienced staff before they were expected to work independently on the rota. We spoke with two staff members who had not previously worked in care before they commenced employment at Linden House. They told us they felt the induction had prepared them well for their role. All staff told us they were always able to seek advice and support from senior staff on duty.

Records we reviewed showed staff received regular supervision and appraisal. The registered manager told us supervision sessions were used to promote the

professional development of all staff. This was confirmed by staff who told us they had been supported to attend additional training and to gain nationally recognised qualifications in health and social care.

All the care staff we spoke with demonstrated an awareness of the principles of the Mental Capacity Act 2005. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. Policies and procedures were in place to provide guidance for staff about their responsibilities under this legislation. Staff were able to give us examples of the day to day decisions they supported people to make, for example the clothes people chose to wear or the food they wanted to eat. One person who used the service told us, "The staff ask me before if they can offer any support".

Records we looked at provided evidence that the registered manager had followed the correct procedures to ensure any restrictions, to which a person was unable to consent, were legally authorised under the Deprivation of Liberty Safeguards (DoLS). This should help ensure people were not subject to restrictions which were unlawfully placed on them.

We saw there were systems in place to ensure people's nutritional needs were met. We observed people were provided with drinks on a regular basis during our inspection, although there were no jugs of water or juice available for people to access drinks independently where they were able to do so.

People who used the service told us the food provided at Linden House was of a good quality. Comments people made to us included, "We get good meals", "We get choices of food" and "The food is good". A relative we spoke with told us, "My [relative] wouldn't eat before he came in here but the staff have encouraged him to eat and consequently he has put weight on".

We saw positive feedback had been given about the meals in the most recent satisfaction survey. We noted the service had been awarded the highest available food hygiene rating. The service had also recently received a 'Recipe 4 Health Award' which recognised the quality of food provided in Linden House.

We spoke with the member of staff who had the main responsibility for cooking in Linden House. They told us they were aware of the likes, dislikes and nutritional needs

Is the service effective?

of people who used the service and that the menu was tailored accordingly. They told us that, although people were always offered choices at mealtimes, they were also able to make alternatives to meet people's requests.

Records we looked at confirmed that following each meal staff completed records for those people who required close monitoring of their food and fluid intake. There were also systems in place to monitor the weight and nutritional needs of people living in the home on a regular basis. We saw that, where necessary, referrals had been made to dietary and nutritional specialists to help meet people's assessed needs.

Care files we looked at recorded people's health needs. All the people we spoke with told us staff would always

request a doctor for them if there were any concerns about their health. This was confirmed by all the relatives we spoke with. The registered manager told us they had good links with local health care providers including dentists, opticians and podiatrists in order to ensure people's health needs were met; this was confirmed by the care records we reviewed.

From our observations we noted some improvements could be made to the design and layout of the building in order to meet the specific needs of people with a dementia and to provide more private space for people to meet with visitors away from their bedroom. We were advised by the managers that this had been taken into account in the planned refurbishment of the premises.

Is the service caring?

Our findings

We found the service was caring. All of the people we spoke with who used the service told us staff treated them with kindness and respect. Comments people made to us included, “Staff are kind and caring”, “Staff listen to me”, “Staff are respectful when they give me a bath” and “The staff respect my privacy. I like to go to my room after my lunch and be on my own; the staff know that I like to be on my own”.

During the inspection we observed positive interactions between staff and people who used the service. We saw that staff were patient when caring for people who were agitated or distressed. We saw staff were able to use a variety of techniques to reassure or distract people when necessary. However, we also observed that there was limited interaction at times between some staff and people living on the dementia unit.

People who used the service did not recall having much formal involvement in reviewing their care needs with staff. However, all of the people we spoke with told us the care they received was appropriate to their needs. Our discussions with staff confirmed they had a good understanding of the needs, wishes and preferences of people who used the service.

Care files we reviewed included information for staff about respecting people’s dignity and privacy as well as promoting people’s independence when providing care. A dignity in care policy was also in place for staff to follow.

Records we looked at showed people who used the service had been involved in making decisions about how the home was run; this included being consulted on whether a pet should be purchased for the home and what activities people wished to be organised to celebrate particular events such as Halloween. This demonstrated people were listened to and had a say in how the service was run.

We looked at the results from the most recent satisfaction survey and noted people who used the service had rated the quality of care in Linden House as mostly ‘good’ or ‘excellent’.

On the first day of our inspection we noted the care files for some people who used the service were on display in the reception area of the home. This meant there was a risk people’s personal information was not treated confidentially. We discussed this with the registered manager who told us she would remind all staff to ensure care files and other personal documents were always locked away and not left unattended in the service. On the second day of our inspection we found all care records were stored securely.

During the course of our inspection we saw that there were regular visits to the service by family and friends. Relatives we spoke with told us there were no restrictions on when they could visit. We saw that visitors were made welcome by staff and invited to eat meals or take refreshments with their family members if they so wished.

Is the service responsive?

Our findings

We found the service needed to make improvements in order to ensure people always received the care they needed.

Care records we looked at showed people's needs were assessed before they were admitted to Linden House. This should help ensure staff were able to provide people with the care they required.

Two of the four care files we looked at had care plans in place which were personalised and based on the needs and risks of each individual. However, we saw care plans had not been completed for one person who had been admitted to the service three weeks prior to our inspection. We discussed this with the registered manager who advised us their view was that they had two months to ensure new care plans were fully completed; this was in contrast to information contained in the minutes from a meeting of senior staff in the home which was held in January 2014. These minutes stated that care plans for all new residents needed to be completed within the first week of their arrival at Linden House. The registered manager told us they would ensure care plans were put in place for this person and the content communicated to staff as soon as possible.

One of the care files we looked at contained out of date care plans as these had not been reviewed following the rapid deterioration of the person's physical health. The registered manager told us they would ensure all documents relating to this person's care were updated as a matter of urgency.

The lack of care plans and review of such plans meant there was a risk people who used the service might receive unsafe care. This is a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

We noted there was a regular plan of activities in the service. During our inspection, people were encouraged to join in with singing and dancing organised by staff and entertainment was also provided by an external artist. We were also told that people who used the service had been supported to attend workshops provided by a local organisation in order to record their life stories.

Most people we spoke with told us they were satisfied with the range and number of activities provided in Linden House. We saw people had provided positive feedback about the social activities in the home in the most recent satisfaction survey.

We asked staff how they ensured people were regularly asked for their views about the care and support they received. Senior staff, responsible for reviewing care plans, told us they would always spend time with people and ask them if they were happy with the care they received, although this was not always formally documented.

People we spoke with who used the service told us staff always responded promptly if they needed any support. Comments people made to us included, "If I have a problem with anything they [staff] soon sort it out" and "They [staff] always come when I press my buzzer."

We saw there were regular meetings in the home between staff, people who used the service and their relatives. These were used as a forum to discuss planned changes in the home and to afford people the opportunity to provide feedback on the service. One person who used the service told us, "I attend resident's meetings and express my views; some things change after these". This indicated the service listened to and learned from people's experiences.

Is the service well-led?

Our findings

Improvements needed to be made to the way the service was led. This was because the quality monitoring systems at Linden House were not sufficiently robust to ensure people who used the service were protected against the risks of unsafe or inappropriate care.

The service had a registered manager in post as required by their registration with the CQC. The registered manager had been in post since 2011. There was also a general manager in place in the service. We were told the role of the registered manager was to focus on the care provided in Linden House and that the general manager was responsible for some of the quality assurance systems in the service.

From our conversations with people who used the service and their relatives it was clear that there was some confusion about who had overall responsibility for managing Linden House, although people also told us both managers were approachable. A relative commented, “I feel I can approach the manager about my [relative’s] care”.

All the staff we spoke with told us they enjoyed working in Linden House. They told they were treated fairly and were well supported by colleagues and the managers in the service. Records we looked at showed staff received regular supervision and annual appraisals. These provided staff with the opportunity to raise any concerns and to discuss any training needs.

The registered manager told us they were proud of the fact that they had achieved an open and transparent culture in the home where staff felt confident to raise any concerns they might have. This was confirmed by all staff we spoke with. They told us they were confident they would be listened to and protected should they raise any concerns about poor practice in the service.

From our review of information held by CQC about the service we were aware that appropriate action had been taken by the registered manager to deal with concerns raised about staff performance and where necessary disciplinary action had been taken. This should help protect people who used the service from the risks of unsuitable staff.

Records we looked at showed us staff meetings took place regularly; these include meetings for senior staff, domestic

staff as well as whole staff team meetings. We saw these meetings were used to discuss communication in the service as well as training opportunities, roles and responsibilities of staff and areas where practice could be improved.

Quality assurance systems were in place in Linden House including regular audits of care plans, medication administration records and health and safety in the home. However, we found the system of care plan audits had not been sufficiently robust to identify where care plans were not in place or had not been reviewed to address the changing needs of people who used the service.

We noted a copy of the complaints procedure was on display in each bedroom. All the people we spoke with who used the service did not express any concerns about the care they received but told us they would feel confident in approaching either of the managers in the home. They told us they were confident any concerns would be taken seriously and addressed.

The registered manager told us there had been no formal complaints received in the home. However, when we spoke to a relative they told us they had made two formal complaints and were not satisfied with how they had been handled. Records we looked at showed these concerns had not been logged as complaints and there was no evidence of the action the registered manager had taken to resolve the situation and prevent further similar occurrences. In contrast another relative told us, ““I have commented on the service my [relative] receives, as a result some things have changed for the better”.

We saw the provider was undertaking regular visits to the service, both formal and informal. We noted the provider had completed a report of their quality assurance visit to the home in May 2014 and had identified where any actions needed to be completed in order to drive improvements in the service. We saw there was an on-going plan in place to address the issues raised.

We saw there were plans in place for emergency situations such as the outbreak of fire. Six of the seven staff we spoke with told us they had completed training in fire safety and first aid. This should help them understand their role in relation to emergency situations.

Is the service well-led?

We saw there was a development plan in place for Linden House. This included timescales for the completion of building and maintenance work which was due to take place in the service.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person had not taken proper steps to ensure care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.