

Linden House Residential Home Ltd

Linden House Care Home

Inspection report

Linden House
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14 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Linden House Care Home is a residential care home providing accommodation for people who require personal care for up to 63 people in a single storey building. The service provides support to younger adults, people with physical disabilities, mental health needs, older people and dementia care. At the time of our inspection there were 42 people using the service.

People's experience of using this service and what we found

Although the service had improved practices around thickeners, which was a recommendation at the last inspection, processes and procedures around medications were not always being followed, we made a recommendation around this. The service had made improvements around staffing and people felt there was enough staff. Recruitment checks were not always robust, we made a recommendation around this. Infection prevention and control practices were in place and we noted improvement in this area since the last inspection. Systems were in place to keep people safe. People's individual risks were being assessed and managed. Environmental checks were being completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Governance systems were in place and had improved since our last inspection. Staff gave mixed views around management support. We made a recommendation around ensuring systems are developed and are effective. Views of people and staff were being sought, and the service was making improvements from lessons learned. The service was working in partnership with others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations regarding staffing, infection prevention and control practice, and guidance and knowledge of staff around thickener. At this inspection we found the provider had acted on these recommendations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 17 March 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvements to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Linden House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Linden House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Linden House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Linden House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service, 2 relatives and 1 visiting professional. We spoke with 6 staff members, including 4 carers, the registered manager and the provider.

We looked at 3 people's care records, associated documents, and medicines related documentation. We also looked at 3 staff files, training records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

- Staffing levels were safe. The registered manager confirmed the staffing levels for the service, and the rotas showed staffing levels matched this. The service had developed a dependency tool to capture peoples care needs. We identified the tool could be improved and the registered manager has provided assurances the tool will be developed further.
- Most people told us there was enough staff. People's comments included, "There is enough staff around. It varies in terms of how many, but they usually have enough" and "Yes, I feel there is enough staff, they are busy. I have a buzzer and they come quick, I normally wait about 5 minutes."
- Staff told us staffing had improved and people were getting their needs met. However, they felt more staff was needed. Staff comments included, "we could do an extra staff...People are safe but it would be helpful for staff" and "I don't feel that people are unsafe due to the staffing levels, it is more to help the staff if they increased the staffing. It would help staff."
- Recruitment processes needed to be more robust. Some pre-employment checks were being completed such as references and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, gaps in employment were not being explored.

We recommend the provider ensures all pre-employment checks are completed in line with guidance.

Using medicines safely

- Medicines were not consistently being managed in line with processes and procedures. Staff were observed not following process and recorded administration of medication prior to administering. The staff member was able to recognise this was not correct practice.
- Protocols on how to administer as and when medication were not always in place. The time of when medication was administered was not always recorded on the MAR charts. This could result in medications being administered too close together. The provider took immediate action to address this and improved their recording processes.
- The return of controlled drugs process required addressing, as a number of medications for people who had passed away over a month prior, were still being stored in the service. Some gaps were noted around cream charts and incorrect codes were being used.

We recommend the service review their medicines processes to ensure medicines are managed safely.

At our last inspection we recommended the provider consider current guidance on administering thickener powder and act to update their practice. The provider had made improvements.

- Guidance around the use of thickener was available and the storage of thickener had been addressed to ensure practice was safe. Staff described how thickener was administered by senior staff and recorded.
- We reviewed several medications, and stock counts matched the expected number of medications available. Administering staff were seeking consent before administering medications.

Preventing and controlling infection

At our last inspection we recommended the provider consider current guidance on Infection prevention and control. The provider had made improvements.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits were occurring in the service and in line with current practice. Families told us they felt welcome in the service. They said, "They are all friendly with my parent who visits. They give them a cup of tea and they look forward to going, they make us feel at home."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe in the service. People's comments included, "Yes I feel safe, they give me choices," and "I feel safe living here." Families said their relatives were safe, they said, "I feel [person] is very safe in the home, I ask them frequently. [Person] likes it here, it's lovely."
- Systems were in place to report and investigate concerns. Staff were aware of how to escalate safeguarding concerns and were confident on how to whistle blow.
- We reviewed the accident and incident log. The service was looking at individual incidents to identify trends and themes. This had resulted in reduced falls for 1 person.

Assessing risk, safety monitoring and management

- Risks were effectively assessed and managed. Individual risk assessments were in place and reviewed regularly. They identified risks and put in place effective control measures to reduce the likelihood and severity of incidents. Health risk assessments were in place for medical conditions.
- Environmental checks and certificates were being completed at the service. The service had recently completed renovations of the building.
- Staff told us fire drills were regularly occurring. The training matrix demonstrated further fire safety training was needed and following the inspection, the registered manager confirmed that this had been booked in.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The service had a DoLS tracker and evidence was seen of the service seeking renewals when authorisations were expiring.
- MCA decisions were being recorded and people's ability to make decisions on their care was being recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to have effective systems or processes to ensure compliance with the regulations. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider maintained oversight of the service. Regular meeting minutes between the provider and the management team was viewed. People and families told us the provider was visible in the service.
- Policies and procedures were in place. Certificates of registration and the ratings from the last inspection were on display in the entrance to the service, as well as their employer's liability insurance certificate. These were all in date.
- Notifications were being submitted to the CQC when incidents happened in the service.
- Staff provided mixed feedback was given around the culture of the home and management support. Some said, "I don't feel that the manager is the most supportive. They would say they would look into an issue but don't see the outcome", other staff said, "[the registered manager] has been supportive. I feel that she listens to concerns."
- Audits were taking place in the home. The home was identifying areas of improvement and highlighting actions. It was not always clear how effective the audits were at addressing issues. For example, return of unused medications was identified as an action in a recent medication audit, however, this had not been actioned at the time of our inspection.
- During the inspection, we identified recommendations in recruitment and medication. The service provided assurances around system improvements that have been implemented following the inspection.

We recommend the provider continues to develop and assess the effectiveness of their governance systems.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the provider were aware of their duty of candour responsibility. A policy was in place to support this.
- CCTV was being used in the communal areas of the home. Policies, procedures, consultation with people was documented. People were consulted regularly on the use of the CCTV during residents' meetings to ensure their views were still current.
- The registered manager and provider were responsive to feedback given during the inspection and took immediate action to improve systems and practice where needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Views of people and families were being sought. The service completed regular surveys to gather views and displayed the findings and learning in a public area of the home. The recent survey identified meals and activities as areas people wanted to improve. Learning around this was seen. The service has introduced special meal nights in line with requests and furniture for a cinema area had been purchased.
- Families told us they felt involved in their relative's care. They said, "They always ring me up and let me know what is going on with my relative" and "I have been made aware of their appointments and have been to every appointment with [person]."
- Staff told us team meetings were taking place. Records of team and resident meeting minutes were seen. The service was communicating learning from incidents and audits in their meetings and this was reflected in the meeting minutes.

Working in partnership with others

- Evidence was seen of involvement with health professionals.
- Visiting professionals told us, "I think the service tries their best. It is one of my favourite homes to attend. The staff are lovely and friendly and care about the residents...We share information and concerns; they are really good like that."