Norse Care (Services) Limited

Linden Court

Inspection report

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Date of inspection visit:
31 January 2017
01 February 2017

Date of publication:
22 March 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 31 January 2017 and 1 February 2017. The first day was unannounced.

Linden Court provides accommodation and support for up to 46 older people who may be living with dementia or need support to maintain their mental health. Accommodation is spread over two floors linked both by staircases and by a shaft lift. There are sitting areas and small dining areas on both floors as well as a larger dining room on the ground floor. There is a secure garden area for people to use should they wish to. The home does not offer specialist support for dementia care but does offer care for some people who have developed the condition after their admission. At the time of our inspection visits, there were 44 people living in the home.

There was a registered manager in post who completed registration with the Care Quality Commission (CQC) in January 2016, a year before this inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that some minor improvements were needed to the safety of the service that had not been identified until we raised them. There was an inconsistency between guidance about managing a specific risk and staff practice in managing recorded risks. Care being delivered at the time of our inspection, did not match what was identified within their assessment to keep them safe. There was also a risk to people's safety because thickening products used in drinks for some people, were accessible in communal areas. The management team took prompt action to address these, once we had pointed them out.

Staff were competent to administer medicines and this was checked to ensure they understood what was expected of them. However, the routine use of a medicine prescribed for occasional use to control anxiety, was not identified in medicines checks and not always shown as justified within the person's records. The registered manager undertook to investigate this, to ensure the person was not unnecessarily sedated and they received this medicine as the prescriber intended.

Staff were aware of the importance of reporting any concerns or suspicions that people may be at risk of harm or abuse. They knew what to look for and how to raise their concerns and were confident to do so. They were recruited in a way that contributed to protecting people from staff who were unsuitable to work in care. We noted that one staff member was confirmed as due to start work imminently without the benefit of the second reference required, but this was rectified during our inspection visit.

People received support from staff who were trained and competent to meet their needs. The competence of staff was reassessed from time to time to ensure they were able to fulfil their roles, and the management team monitored their training to ensure they completed it in a timely way. Staff understood what was expected of them and what represented good practice in meeting people's needs, including their

obligations to seek consent to deliver care. Where people's ability to give informed consent was in doubt, staff were aware of the importance of acting in people's best interests as required by law. The registered manager had taken action to promote the rights of people who were subject to any restrictions on their freedom but that were essential for their safety.

People were offered a choice of what they wanted to eat and drink, with support from staff if they needed it. They could choose where they ate their meals and staff took great trouble to ensure people were offered a meal they would enjoy if they did not like what was on the planned menu. Where people were at risk of not eating and drinking enough, staff took action to promote and encourage their intake of food and drink and to ensure their welfare was monitored in this area. They sought advice promptly, and acted upon it, where there were concerns about people's diet and weight, or any other concerns about people's health and welfare.

People, and their relatives, valued the caring approach of staff and had developed warm relationships with them. They felt that their privacy and dignity was respected and that staff were kind. People had opportunities to make choices about the support they wanted staff to offer, with assistance from their relatives with this if it was necessary.

People received a service that was responsive to their needs. They were able to engage in activities that were of interest to them. Where they needed staff support and encouragement with this, the needs of individuals who had limited contact with visitors to the service were prioritised, to help combat social isolation. Staff understood people's preferences about their care as well as their interests and backgrounds, and were flexible in the way they offered support.

People were supported to express their views about the quality of the service and any suggestions they had for improving it. They were able to make these suggestions both formally, in survey responses, and informally at regular meetings between them, their families and the management team. People and their visitors were confident that their views were taken into consideration and also that the management team would listen to and respond to any complaints or concerns they raised.

Systems for monitoring and checking the quality of the service took people's views into account. They were effective in 'bench marking' Linden Court against other services to see how well it was performing and to drive any further improvements necessary. As a result of people's level of satisfaction with the service and evaluation of service quality, the providers had made an award to the team at Linden Court for "Putting Quality First."

People living and staff working in the service, and visitors had a high regard for the quality of leadership within the service. They would recommend the service to others and potentially be happy to use it themselves.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was a lack of clarity about the justification for using a medicine on a regular basis, rather than when it was needed to control anxiety. The registered manager undertook to investigate this. Other systems for the management of medicines were safe.

Risks to people were assessed but there were occasional lapses in either measures or guidance about promoting safety. The registered manager took action when we pointed these out.

There were enough staff to support people safely. Recruitment measures and staff awareness and training, contributed to protecting people from the risk of harm or abuse.

Is the service effective?

Good

The service was effective.

Staff were competent and supported to meet people's needs, including the needs of people who may find it difficult to make their own decisions.

The registered manager took action to promote the rights of people whose freedom may be restricted in some way, because of their lack of awareness about risks to their safety.

People had a choice of food and drinks with support from staff to eat and drink enough if they needed it.

Staff supported people to get advice about their health and to promote their wellbeing.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and warmth and in a way that respected people's privacy and dignity.

People were involved in decisions about their care and their

relatives could help with this.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and staff had a sound knowledge of people's care and preferences.

People were confident that staff and the management team would address any concerns or complaints they needed to raise.

Is the service well-led?

Good

The service was well-led.

The registered manager responded positively, constructively and promptly where we needed to highlight areas for improvement.

People, their visitors and staff, were empowered to express their views about the quality of the service and the management team took action to act on their suggestions where practicable.

There was a good system for evaluating and improving the quality of the service people received.

People and their visitors, valued the approach of both the management team and staff and considered Linden Court delivered a good quality service.

Linden Court

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 31 January and 1 February 2017. The first day was unannounced and the inspector was accompanied by 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.

Before we visited the service we reviewed all the information we held about it. This included information about events happening within the service and which the provider or registered manager must tell us about by law such as serious injuries and deaths. We also checked information about the provider and service from their website and external websites to see if people or their visitors had submitted reviews about standards of care. We asked the local authority's quality assurance team for their views but they held no up to date information about the service.

During our inspection visits, we spoke with six people using the service and three visitors. We also spoke with the registered manager, deputy manager, activities coordinator and four members of the care team. We observed how staff supported people and interacted with them in communal areas. We looked at four people's medicines records, assessments and plans of care.

We also reviewed a sample of records associated with the quality and safety of the service. This included audits of medicines, the results of surveys, meeting minutes and records of health and safety checks. We checked recruitment records for three staff and the arrangements for supervision and staff meetings.

We asked the registered manager to send us some additional information after we concluded our visits. This included the preliminary analysis of survey responses from September 2016. They supplied this to us promptly.

Requires Improvement

Is the service safe?

Our findings

Medicines were stored and managed safely by staff who were competent to do this. However, we identified risk associated with the management of medicines prescribed for occasional use (PRN).

We noted that one person was prescribed medicine for occasional use when needed (PRN), "for anxiety and agitation." Their medicine administration record (MAR) charts showed that staff administered this PRN medicine regularly each day. We discussed the use of the medicine with staff on duty. They were clear about when and how the person benefitted from the medicine. The explanations we received were consistent. However, the person's daily records did not always show they had shown signs of anxiety or distress before staff gave them the medicine.

On the second day of our inspection visit, we arrived just after 10am and saw that the person concerned was sitting at the breakfast table, not presenting as anxious or distressed. Staff told us that the person had initially refused all their medicines and they would return to offer them later. We subsequently checked the person's MAR chart, which showed the PRN medicine had been given at 10.15am for, "…anxiety and agitation."

We found that there were other examples of the person having the medicine without clear justification in their records that this was in line with the prescriber's intention. For example, on 17 January 2017, their records showed they were assisted with their daily care between 7.05am and 7.30am and stated, "All pc [personal care] given. In a pleasant mood this AM." The records for their PRN medicine for anxiety and distress showed that it had been given at 7.30am for "…agitation and anxiety…" which was not demonstrated by their daily records.

We were therefore concerned that there was a risk that staff sometimes used the medicine when it was not necessary. We raised our concerns with the registered manager. The registered manager undertook to review arrangements for using the medicine.

Staff confirmed they received regular training to administer medicines safely and had their competence assessed. We confirmed this from records. We were also able to see that team leaders checked and audited medicines regularly. This helped to ensure records were complete and to identify any errors promptly so they could be investigated. A member of the management team gave us a clear account of the process followed if a mistake was identified. They explained that the first stage of the process was to reassess the staff member's competence and we saw that this happened when appropriate.

Everyone spoken with said that staff offered them pain relief if this was required. People told us that staff brought them their medicines when they needed them. For example, one person said, "They give me my tablets in the morning; I get them when I need them." One person told us how they administered their own medicines. They explained how they stored these and how staff checked the way they were coping. They told us, "My pills are in the cabinet [in their room] so I take them when I need them, but they always come and count my pills. They check them regularly." Another person said that staff at Linden Court managed

their evening medicines better than staff did where they had previously lived. They told us how they normally went to the room where the medicines were stored when they were ready for bed. They told us, "I like it that I can wait for my evening medicines. They know I do that and they never mind being interrupted to give them to me."

We identified three specific and avoidable risks within the home and the way it was operating. However, the registered manager took prompt action to address this and improve safety measures while we were present.

For example, we saw that there was a potential risk to people's safety in that thickening products for drinks were accessible in the dining room. This presented a risk that people, could swallow it with potentially fatal consequences. A "patient safety alert" was issued by NHS England about this potentially serious risk in 2015. The management team said that they were not aware that the containers were being stored in the main dining room. They explained that they had given guidance to staff as they were aware of a choking incident elsewhere involving these products. The registered manager took prompt action to address our concerns and to remind staff about safe storage and use of the products.

We found that one storage room contained a cleaning trolley, complete with cleaning products that could be hazardous to people's health. This room was supposed to be locked. It was not and the keys remained in the door. The registered manager took prompt action to ensure these products were stored safely, protected from accidental misuse and that staff retained keys to avoid their loss.

We noted that there was maintenance work underway in one area of the home, where a bag of equipment and tools was left leaning against the wall. This presented a potential risk to people. The registered manager took action to make sure the contractor was able to see if anyone attempted to access the equipment and it did not present a trip hazard.

We discussed with the registered manager, the storage of toiletries and products such as denture cleaning tablets, which were available in some people's own rooms. The registered manager explained they considered that people currently living at the home were not at risk of ingesting these by accident. They told us that the people for whom they were accessible were either unable to access them due to their mobility, or wanted to be able to use them independently. Our discussions showed that the registered manager was aware that they needed to keep arrangements under review to ensure people's safety as their needs changed.

Equipment was maintained and serviced to ensure it remained safe to use. This included equipment for assisting people with their mobility and for detecting and extinguishing fires. Staff had training in emergency procedures including fire safety procedures.

Redecoration to some parts of the home made it easier for people to find their way around without becoming disorientated or distressed. The registered manager explained plans for further work. This included the intention to remove an alcove tiled with mirrors, which they and we identified could contribute to risks of anxiety, confusion and distress.

Individual risks to people's safety were assessed. This included for example, risks associated with falls or from developing pressure ulcers.

We noted that one person's care records showed that their health had deteriorated presenting an increased risk of their skin breaking down. The records stated that the person needed assistance from staff to change their position regularly overnight. This was to minimise their risk of developing pressure ulcers. However, we

were not able to locate records to show that staff delivered this care to minimise the risk. We raised this with the management team who were able to establish that the person's health had improved and they were able to change position for themselves. Staff no longer needed to offer assistance and they had withdrawn the person's repositioning records as a result. The management team updated the person's care records straight away to reflect the person's current needs.

One person told us, "I have to walk with a frame but I go very, very slowly." We saw that, where staff walked alongside people to encourage or support them with mobility, they did so in an unhurried manner so that people were less at risk of falls.

A visitor to the home told us how their family member experienced regular falls. They recognised that this was because the person wanted to exercise their choice and independence. They told us, "It's not the carers' fault. [Person] is quite stubborn and insists on trying to go to the bathroom on her own, she will not wait, she's always been like that The staff have been very good, they keep me informed and they are not to blame, I'm afraid that's just how [person] is."

We observed a concern for one person's safety at the top of the stairs, when they were leaning out calling quietly for help. There were no staff present so we ensured that the person was assisted downstairs using the lift and raised the issue with the registered manager. They explained that the person normally used the stairs independently. However, they were aware that the person was prone to infection and that this sometimes led to confusion or impairment of their mobility. They undertook to investigate this straight away to promote the person's safety and welfare.

The majority of people spoken with told us that they felt safe within the service and well treated by staff. Only one person expressed any misgivings about safety but this was about the safety of the outside of the home. It was not about their care or treatment at Linden Court, with which they were satisfied. We discussed this with the registered manager who explained that there had been some issues about antisocial behaviour in the past but this was no longer a problem.

Everyone else we spoke with, and all their visitors, were confident that people's safety was promoted. For example, one person told us, "I am absolutely safe." Another said that they felt very safe at the home and had no concerns about the way staff treated them. A visitor told us that the staff were, "…absolutely fantastic…" in the way they supported their family member. Another visitor to the home said that they were confident their family member was cared for well between their regular visits. They also expressed their confidence in the registered manager or deputy manager to address any concerns they might have about their family member's safety.

Staff spoken with were clear about their obligations to report any suspicions that people were at risk of harm or abuse. They were able to outline the kinds of things that would lead them to be concerned about someone's welfare. Staff confirmed that they had regular training and were confident the registered manager or deputy manager would deal with any concerns. They were also aware that they could report concerns directly to the local safeguarding team if they needed to. Staff knew about the importance of 'blowing the whistle' on any poor or unsafe practice on the part of colleagues.

There were enough staff to meet people's needs safely. Not everyone we spoke with needed to use the call bell to summon staff, as they were able to care for themselves. People who did use their call bells said that sometimes they had to wait but it was probably because someone else had a greater need. One person told us, "Generally, they're quite quick." Another person said, "Sometimes they can take up to ten minutes, however I can wait, it doesn't really inconvenience me." The initial findings of the provider's "Residents

Survey" showed that people felt staff were available when they needed them, and had time to talk to them.

During our inspection visit, we observed that people received assistance and support promptly when they needed it. Call bells, when used, were ringing only for short periods. Staff told us that, although this was a busy service, they did not feel staffing levels were ever unsafe. They said that there were enough of them to meet people's needs and to respond flexibly to people's preferences.

Recruitment records showed that the process followed was robust in contributing to protecting people from the employment of staff unsuitable to work in care. The provider's human resources department monitored the process and confirmed when staff could start work. We saw that enhanced checks of the background of applicants, with the disclosure and barring service (DBS), were completed. References were taken up and staff provided a full employment history, explaining the reasons for any gaps. These checks were completed before staff started work. We noted that one staff member was due to start work the day after our inspection, but had confirmation of only one reference. The home's administrator followed this up and the second one was obtained from the provider's human resources department during our inspection visit.

The management team and administrator confirmed they were chasing staff to ensure they had up to date photographs on their files. We confirmed this from minutes of a recent staff meeting. Where these were missing from the files checked, the staff members concerned had photographic proof of their identity, such as a passport or photo-card from their driving licence.

Good

Is the service effective?

Our findings

People received support from staff who were competent, skilled and well supported to deliver effective care. People told us that they felt staff understood their needs. For example, one person said of staff, "They know how to help me and what to do." Another person said, "They're well trained, they're on the ball with everything I need." The initial findings of the provider's 2016 "Residents Survey" showed a high degree of satisfaction that staff were capable of meeting people's needs. A visitor to the home told us about their family member. "[Person] needs help because she's not very mobile; they [carers] help her to get in and out of her wheelchair, having a bath, everything."

Staff told us that they had access to relevant training. One staff member was not clear about arrangements for paying them to complete 'on line' training using the computer. However, others told us that they could complete this at work, outside their shift hours, and were paid. The registered manager confirmed this arrangement and that staff could use a 'hot desk' with a computer terminal or one of the home's tablet computers if they did not have their own equipment.

One staff member told us how, when they started at the home, they, "…did loads of training and you can ask about anything." They explained that some training was on line but other training was practical, such as medicines management, first aid and moving and handling. The home had its own training room available for staff meetings and for practical training sessions. Staff recognised this as useful in that they did not often need to travel to venues further afield.

The manager explained the arrangements for new staff to complete shadowing shifts so that they could experience care through a 24-hour period. They also completed the Care Certificate, which represents best practice in staff induction. We saw evidence of this within staff records. New staff were also subject to a probationary period with regular monitoring. This helped to ensure staff were able to fulfil their roles appropriately before they were confirmed in post.

Staff confirmed that they received regular support and supervision from someone more senior. This included some practical supervision of care such as administering medicines and assisting people with their meals. They also had the opportunity to attend staff meetings to keep up to date and discuss the way the home was running. One such staff meeting took place on the first day of our inspection.

Staff spoken with were aware of the importance of seeking people's consent to deliver essential care. Where appropriate, they had worked with other professionals to look at people's capacity to understand the risks of refusing particular aspects of their care. Assessments took into account people's best interests and how staff were to promote these.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff were clear that they would respect people's decisions and approach them in a different way or at a different time to seek their consent. They also confirmed that they had guidance about the MCA and DoLS. They explained how they sought further input and advice if they were concerned that people may not be able to make informed decisions about their care.

Staff had access to information and guidance about meeting the specific needs of people who were living with dementia and who may refuse essential aspects of their care. Two of them told us how the guidance they received from the Dementia Intensive Support (DIS) Team was useful in enabling them to meet one person's needs. One commented to us that this had improved the way they were able to respond to the person and secure their consent to receiving care. They also commented that they had a better insight into what might make people react in a particular way.

We found that one person's capacity to make decisions was recorded but the document did not clearly indicate the specific decision to be made. However, staff understood the principles of supporting people to make decisions. Care records were clear about who else could be involved in supporting the person with decisions. They also showed whether anyone had proper authority to make decisions on behalf of a person, either in relation to the management of their money or about their care.

The registered manager was aware of the importance of action to protect people's rights if there were any restrictions on their freedom to ensure their safety. Where appropriate, they had made the necessary applications under the DoLS and were awaiting the outcomes of these.

People were supported with a choice of enough food and drink to meet their needs. Where they were identified at high risk of not eating or drinking enough, this was assessed. Staff monitored people's weights regularly, and did this weekly for people at high risk of poor nutrition. Fluid monitoring charts were in place where these were needed and a visitor, assisting their family member, was aware of their role in helping with this monitoring.

People spoken with were happy with the quality and choice of food on offer. For example, one person told us, "I absolutely love it, the two cooks are very good and if you don't like what's on offer, they'll cook you something else." A visitor told us that the mealtime routine was flexible for people. They commented that, "If I've taken [person] out somewhere and we get back when lunch is over, they still offer lunch and [person] still has the same choice as if they had been here for lunch." Another visitor told us how their family member's food intolerance was catered for. They said, "The cooks here have been brilliant, they prepare food for [person] separately and go to a huge amount of trouble." A member of the catering team was clear about the arrangements for this person and the adaptations to meals they needed to make to ensure the person's wellbeing.

We checked the arrangements for ensuring that everyone was offered a meal. Staff had access to a list from which they could tick off when they had served people. The list was accurate when matched with the home's

occupancy during our inspection visit. It contained relevant information about people's individual needs. This included detail about any food allergies or intolerances, whether people were vegetarian or whether they needed a fortified diet to increase their calorific intake.

We found that the record did not show that one person, who we heard explaining to staff, could not eat onion. On the first of our inspection visits, both main dishes contained onion and the person told a staff member, "I won't bother [to eat] then." The staff member spent a considerable time discussing other options, one of which the person accepted. Staff explained to us that sometimes the person was reluctant to eat and could find reasons why they did not want their meal; staff knew that they might need to offer a wider range of options to encourage them.

We also noted that, where one person did not want any of the five choices available for dessert, a staff member consulted with them and they accepted a plate of cheese and biscuits. This demonstrated a very flexible approach to meeting people's dietary needs and preferences.

There was a choice of dining areas through the home, although most people told us that they preferred to eat in the main dining area by the kitchen. This meant that they sometimes had to wait until there was space available but they had chosen this area for their meals. Staff sat alongside people to offer the support with eating and drinking where they needed it.

We saw that there was a selection of soft drinks and water on each table at mealtimes so that people could help themselves. Hot drinks were offered afterwards. Menus were displayed in a "café type" format so people could see both a description and photograph of what was on offer. We also noted that, when roast lamb was an option on the second of our visits, people had dishes of mint sauce from which to help themselves.

We saw that people were offered drinks and snacks regularly. When staff were serving drinks, they offered people a choice. We noted that one person was not sure how much sugar they normally had in their drink. The staff member serving told them, "I'll just put a little in to start then if you want any more we can add it." Another person offered a drink said, "I don't know, do I normally have tea?" The staff member reminded them that they normally liked, "…half a mug of tea without sugar…" and checked if that was what they wanted. People were shown a biscuit tin from which they could choose what they wanted, but also offered a choice of fruit as an alternative.

Staff supported people to get advice about their health and wellbeing promptly when they needed it. People were confident that staff would make appointments on their behalf when they needed them and were alert to changes in their health.

One person told us, "There was one day when my legs weren't right, the carers noticed and got the nurse to come and take a look." They went on to explain, "You just need to mention to a carer if you're not feeling right and they'll get the doctor or nurse to see you." Another person explained that they had been ill quite recently and, "The carers were wonderful. They put me on the list for the doctor to see me."

Visitors to the service also explained that they felt staff sought advice when people's health and welfare was a concern. One visitor told us that they trusted staff to seek advice on behalf of their family member and, "They keep me informed." Another visitor told us how their family member was very ill but staff supported the person well. They ensured that the person was able to receive the care they needed and were comfortable in what they regarded as their home.

We noted from records and discussions with staff, that people were supported to access their doctor, district nurse and with hospital appointments. During our inspection visit, a clinic took place where people could get advice about their hearing aids if they needed it. Our discussions or records showed that people were also able to get health advice from opticians, the dentist, dietician and for foot care.

Good

Is the service caring?

Our findings

People received support from staff who were compassionate and kind in their approach. They and their visitors spoke positively about the attitudes of staff.

One person described how they had been anxious about moving to the home and been reassured by the approach of the registered manager. They told us, "My daughter applied for a place here [for me]. The manager came to interview me. As she was leaving she told me, 'Don't worry, you'll have a home with us.' She knew I was anxious." Another person said, "What makes this place so special is that this feels like my home and the carers aren't just carers, they're my friends"

A visitor said, "They [staff] are amazing carers, they come in in their own time to visit people, bringing their own pets because they know the residents here get pleasure from animals. There are carers, and there are people who care. Anyone can be a carer, not everyone cares, but they do here."

We noted that two visitors had written to the home in October 2016, to compliment the service. One letter showed that the visitor valued the way staff handled a situation, which their family member may otherwise have found difficult to cope with. They wrote that staff, "…handled the situation with care, tact and skill." Another letter showed that the visitors felt their family member was shown, "…great kindness and care…" by staff.

We saw that people responded to staff with warmth and humour, and were comfortable in their presence. Staff spoke quietly and reassuringly to people when this was needed. Where people were anxious and needed some assistance, for example to find their way around the home, staff were quick to offer gentle support and guidance. We asked the manager to look at the way one person's anxiety was managed to ensure that they were not receiving unnecessary medicines to control it.

We observed people chatting and laughing with staff. Staff spoken with referred to people with respect and kindness. We also noted that staff referred to people by name. Where this was not their given name and they had an alternative they preferred, staff knew what this was. They were able to explain to us about this and what people's preferences were.

People felt that staff knew how they liked to be supported and helped to meet their preferences. For example, people told us that they could choose where they ate their meals, including in their rooms if they wished. One person said they could also get up late if they wanted to. They felt that staff showed concern for their wellbeing and their usual routine explaining, "If you don't go for breakfast by a certain time, the staff will come and check you are alright."

People could choose where they spent their time in the home. Two people told us how they enjoyed spending time in a seating area on the first floor. This was above the front door and enabled them to watch who was coming and going from both the home and along the nearby path. Three others enjoyed spending time sitting in the main reception area.

One person liked to spend time in a small lounge area to watch the television. We noted that few people used this area and so the person could watch television at a volume suitable for them, without upsetting other people. Another person told us how they liked to spend time in their own room. We saw that people were able to have some of their own belongings and mementoes around them in their rooms so that they were more homely.

Where people were able to do so, we saw that they had signed their care records to show they were involved in discussions and choices about their support. The provider's "Residents survey" asked whether people had "… a real say in how staff provide care and support to me." The preliminary analysis of results showed that everyone completing a survey felt this was the case.

A visitor to the home told us how they were involved in discussions and decisions about their family member's care so that they could offer support and encouragement. They were seeking to involve another family member to help support them with this.

The provider's initial analysis of their last "Residents survey," showed that everyone responding felt that staff treated them with kindness, dignity and respect. They also confirmed that staff had time to talk with them and were sensitive to how they were feeling. There were also positive responses from people's friends and family who completed questionnaires. They felt that people's privacy was respected.

We noted that, where people needed assistance with their personal care, staff delivered this with regard to their privacy. Staff ensured that they closed doors to protect people's dignity while people received support. A visitor to the service told us how they had only once had to raise concerns about the person's dignity, appearance and staff attention to detail. They explained to us that this had been more than five years ago and they had not needed to raise it since. They told us, "I can't fault it to be honest with you. They [staff] are all lovely people. They've got to care to be carers…they are top hole."

People were encouraged to do what they could for themselves so that they maintained their independence. For example, one person explained how and where they liked to spend their time, and that they would seek assistance when they needed it. Another told us how they liked to use the stairs, join in some household tasks and go out for walks. They said, "It helps keep me going."

Our discussions with people showed that they had made some friendships within the service and spent time either in activities together or just sitting and chatting.

People were able to stay in touch with their family and friends, with staff support if they needed it. We heard a staff member offering to help one person to keep in touch with a friend and discussing what the person wanted them to do. Staff and the management team, explained how one person's close relative lived a long way away. The service had arranged for video calls through the computer to enable the person to keep in touch with their relative and so that the relative could be reassured about the person's wellbeing.

It was evident that people were able to receive visits from their family and friends when they wanted to. Visitors to the home were made to feel welcome. For example, one visitor said, "I can come and go at any time." They also told us, "If I visit at lunchtime, I'm asked if I'd like to eat with [person]. They don't charge me for the meal. It seems nothing is too much trouble."

Good

Is the service responsive?

Our findings

At our last inspection of this service in November 2014, we found that there was room to improve the responsiveness of the service. People had expressed some lack of satisfaction about the activities available to them. The provision of these had declined following the departure of the previous activities coordinator, and people did not have so many options to engage in recreation, hobbies or interests they enjoyed.

At this inspection, we found that things had improved and that the service was flexible in responding to people's needs and preferences. There was an activities coordinator in post, although they worked part time rather than full time within Linden Court. It remained the perception of some visitors to the service that people did not always have much to do to occupy them. The recent survey of relatives and friends, still being analysed, had preliminary findings that just over two thirds of those responding felt there was a range of activities and hobbies for people.

We found, from discussions with the activities coordinator, that they prioritised their time in encouraging those who had limited contact with their family and friends. They saw this as a means of preventing people from becoming isolated, where they did not have frequent visitors. This may have contributed to the relatives' survey responses not being as positive as those of people living in the home. The focus for prioritising activities would have been on people who did not have frequent visits.

The activities coordinator told us how they also checked their records about people who had engaged with them, against the list of people living in the home. They said this enabled them to try and ensure everyone received some kind of support or encouragement to join in with something they would enjoy.

People living at the home responded positively in their surveys for the provider; preliminary findings showed that all those completing the survey felt they could take part in activities or hobbies if they wanted to. They also told us about the things they liked to do within the home, and how they spent their time. For example, one person told us how they liked to play computer games and watching television. They said, "I enjoy watching football and I like doing little chores around the care home." Another person told us, "I love reading. I knit and do jigsaw puzzles with my friend."

We saw one person sitting and reading in a quiet area of the home and, later on, another person in the same area watching birds from the front window. There were small posters available either side of the window to help them identify which birds they might see regularly outside the home.

Another person had chosen to knit during the afternoons of both our visits. A staff member assisted them to cast on their stitches before handing them the knitting. The person initially struggled because the knitting needles were a little long to handle easily and a staff member arranged to change them.

There was a secure garden area for people, with benches to sit on when the weather allowed. The management team had also identified that some people would like to have chickens on site. They had provided an area for the birds and a chicken house. They explained that they would be getting some

chickens after the current poultry restrictions arising from bird 'flu were lifted.

Three people spoken with told us how they liked to go out and would tell staff in the office where they were going. One person said, "I like to go out as often as I can, it's good exercise." Another commented, "When the weather's nice I like to go to the church but now I don't walk well, it's a bit far so I need someone to take me." We asked if a member of staff would help them with that and they told us, "Oh yes, if you ask. Sometimes they are too busy but not always."

We saw from records that other organised activities included people having one to one time to have manicures with staff, going to a local "Dementia Café" and attending church. One person told us that their religious beliefs were important to them. They said they attended services within the home when a local minister attended. They told us, "I like to attend communion, it's very important to me and the lady minister is really lovely."

Staff and the management team also explained to us about various community initiatives with people coming into the home. This included staff from a local supermarket who had supported people to attend a Christmas church service and celebrate with carols, mulled wine and mince pies. Local schoolchildren had also attended the home and students on work experience supported people with activities.

The activities coordinator also ran small errands for people, for example if they wished to buy some sweets but did not want to go out themselves. People told us that they knew staff would arrange for this to happen if they needed anything.

One person told us about their interest in models and showed us that they had a large collection. They said they had wondered what might happen with these when they came to the home. They explained, "I wondered if I might have some shelves. The manager told me, 'It's your home, of course you can, leave it with me.' The next day I had shelves."

People had their needs assessed and plans developed about the support staff should offer to meet those needs. One person told us how the registered manager had visited them before they moved to the home to talk about their needs and the support they required. We found that people had plans of care setting out how staff should meet their needs.

We noted that one person's records showed that staff needed to ensure one person had their glasses and hearing aids on each day. We found these in the person's empty bedroom. However, staff were aware that this was because the person was attending the hairdresser and their hearing aids and glasses got in the way. Staff prompted the person with these items after their appointment and, at the person's request, checked that their hearing aids were in good working order.

We noted minor inconsistencies where plans of care had been reviewed but the interventions staff needed to make were not updated. This included one person who was identified as needing assistance from staff to reposition them during the night. This inconsistency was rectified during the course of our inspection visits to ensure the person's current support needs were properly reflected.

Staff were able to explain the individual needs and preferences of the people they supported. Staff described how each shift started with a clear allocation of people they were responsible for assisting. They explained how this meant they would be providing the person with support they needed. They described how, during the morning, this would include supporting people to get up, with their personal hygiene, breakfast and then to take their medicines. Staff said that, if people did not want assistance or were asleep

in the morning when they went to offer the support, they would move on to someone else and return later. This contributed to a degree of flexibility for people and their routines. They also described how additional input from the specialist dementia support team had enabled them to respond better to a person living with dementia. They described how this had enabled them to be more successful in supporting the person.

There was a proper robust system for responding to complaints. Some people were not fully aware of formal processes for managing complaints. However, they were very confident they could complain if they needed to and have their concerns taken seriously. People told us they would have no hesitation in raising any complaints they had about the quality of the service.

One person told us, "I know who to talk to, I know if I have a problem they will do their best for me, the management are very good." Another person said, "I'm very happy with being here. There are some people you don't get on so well with but I have nothing to complaint about. [Deputy manager] is someone you can talk to and [manager] will sort things out for you." A visitor to the home told us that they found the registered manager receptive to any concerns they had and were confident she would deal with anything they raised. They told us that they had only needed to complain once about something and that was five years ago.

This confirmed the preliminary analysis of the provider's survey, which showed people were happy with the way staff dealt with any complaints or concerns they had.

Good

Is the service well-led?

Our findings

We identified some concerns about the safety of the service during the first of our two inspection visits. This included one inconsistency in guidance about managing risk within a care plan. It also included addressing concerns about the storage of hazardous materials, including thickeners for drinks. These products were being left accessible to people and so presented a risk. We were also concerned about the use of a medicine to control anxiety, a lack of clarity in records about this and that it was not identified as a potential concern in medicines audits.

The registered manager responded constructively to our suggestions and feedback during our inspection visits. They took prompt action to address concerns we raised, rectifying some of the immediately. The registered manager also agreed to review arrangements for the use of medicines prescribed for occasional use, to ensure they were used as intended.

The registered manager was aware of the information they needed to tell us about by law. However, they had delegated the responsibility for completing some of these. We asked that they review notifications of expected deaths that were sent to us. While we were planning this inspection, we noted that these notifications were lacking in detail. The registered manager agreed and undertook to ensure that further information about circumstances was added to those made in future.

The registered manager for the service completed their registration with us in January 2016, just over a year before this inspection visit. They explained how they had been the deputy manager of the home for some time. Our discussions showed that they had a clear understanding of the role of a registered manager and of the regulations with which they must comply. They were able to respond clearly and promptly to our questions about people's individual needs.

People using the service, their visitors and staff, found the management team approachable and 'visible' around the service. People using the service and their visitors knew who the manager and the senior team were and could express their views about the service.

One person told us, "I know who to talk to, I know if I have a problem they will do their best for me, the management are very good." Another person described one of the management team as, "…the jewel in the crown…" and another as "…a gem."

People spoken with expressed only one concern to us about an improvement they would like to see. This related to the heating system and had been raised at their meetings with the management team. They told us that the home was often too hot. Most of them were aware that this was being looked at so that adjustments and improvements could be made. We raised the issue with the registered manager who confirmed there was a problem with the thermostat currently being investigated. This demonstrated that people's views and opinions were listened to and acted upon.

One visitor told us that they had suggested an area for improvement. They said, "There's always room for

improvement, I did suggest that it would be useful to people new to using care homes that they produced a sort of induction pack or book so that I could understand how things work, you know, understand their system." We spoke with the registered manager about information that was available regarding the home. She was aware that the guide for people using the service (and included in the provider's website) needed to be updated so that it reflected the current facilities and arrangements at the home. They said that they had raised this so that the information was corrected.

There were regular meetings for people living in the home and their visitors. Minutes of these showed that this helped to keep people aware of any changes within the service and asked for their suggestions to improve. The programme for these meetings during 2017 was on display. People told us that they knew when the meetings would be so they could go if they wished. We saw from the minutes that people's ideas for improvement were acted on. For example, we noted that people had suggested a café type menu in the dining area would be welcome. These were in place on each table and changed daily.

Staff told us that they felt the management team were approachable if they had suggestions or needed advice. This was both formally through staff meetings, and on a day-to-day basis. We found that staff performance was monitored and assessed. They told us they received constructive feedback about their performance and morale was good. For example, one staff member specifically commented that, if they needed to change or improve something in their work, they were told, "…in a nice way." All of the staff spoken with were passionate and enthusiastic about their work. For example, one said, "I haven't got a bad word to say about it. Team morale is good." They went on to say that the deputy manager and registered manager were on call for emergencies and also did some weekend working. They valued this approach. Another staff member told us, "I really enjoy it. It's very busy but it's a great place to work."

There were effective arrangements for ensuring the quality and safety of the service was monitored and developed. The provider completed annual surveys to ask for the views of people living in, visiting and working at the home. The findings of these were subject to independent analysis and 'bench marked' for this service against findings for 33 other providers of similar services in the United Kingdom. This enabled the registered manager to assess how Linden Court was performing compared to other services and where improvements could be made.

People received feedback about the action taken in response to their surveys and this was displayed in the home. In response to areas for improvement, there was information entitled, "You said – We did." This showed what improvements would be made and acknowledged or explained any difficulties.

The registered manager completed regular audits and submitted the results to the provider's representatives. This included monitoring accidents, what action was needed as a result, and ensuring that any safeguarding concerns were followed through. There were regular checks on the safety of the service, including fire detection systems. Staff training to ensure they knew how to promote people's safety in an emergency both in relation to fire and if they needed first aid.

Staff told us about the home recently being given the provider's award for the quality of the service. Staff were very proud of this and recognised it as a team effort across all staff. They explained that the service had been nominated by one person's family member and measured against other indicators to assess performance before the award was made. One visitor had commented in a letter to the home that, "You definitely all deserve the 'Putting Quality First' award."

Visitors were confident in the quality of the service their family members received and complimentary about this. For example, one visitor told us, "I do feel, with this care home, we've hit the jackpot…I think the home

is run in a very open way, I can come and go at any time and never get the feeling anything is hidden or kept from me. The management team here is very good." Another visitor said, "I know nobody would choose to live in a care home but, when the time comes, if it's the standard it is today, I would have no hesitation in coming here myself." They went on to say, "It's my relative's home and it's second to none."