Commission for Social Care Inspection

Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Lincoln House Care Home
Address:	Woodgate Lane Swanton Morley East Dereham Norfolk NR20 4LT

The quality rating for this care home is:	two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	**Date:**							
Ginette Amis	1	6	0	3	2	0	0	9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Lincoln House Care Home
Address:	Woodgate Lane Swanton Morley East Dereham Norfolk NR20 4LT
Telephone number:	01362637598
Fax number:	01362637234
Email address:	lincolncare1@aol.com
Provider web address:	

Name of registered provider(s):	Lincoln Health Care Ltd
Type of registration:	care home
Number of places registered:	62

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
old age, not falling within any other category	0	62

Additional conditions:

Up to sixty-two (62) Older People may be accommodated including one person over the age of 60 years and under the age of 65 years and one person under the age of 60 years.

Date of last inspection								

Brief description of the care home

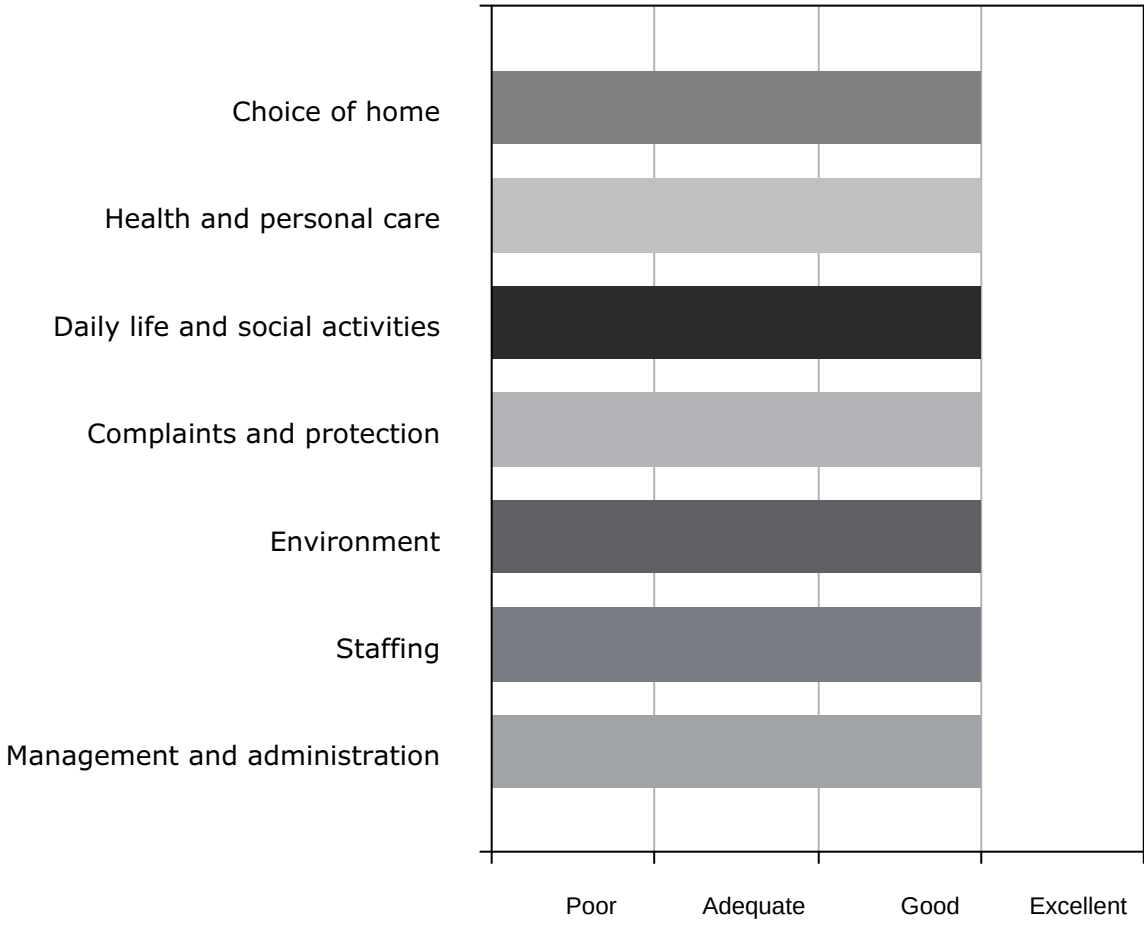
Lincoln House is a 62 bedded care home with nursing for elderly people. The home provides nursing, residential and intermediary care beds. The original building consisted of a detached property which has since been extended. The home stands in 2.5 acres of grounds and there is a well maintained garden and patio area, for the use of service users. The new local G.P. surgery is now operational in the grounds. The home is situated on the edge of the village of Swanton Morley, which is 4 miles from East Dereham.
The fees charged at this home are: nursing £615 per week and residential £495 per week.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	two star good service

Our judgement for each outcome:



How we did our inspection:

This inspection was unannounced and carried out by one inspector in a single day, spending 7 hours in total. Because this report was written on behalf of the Commission, the term "we" has been used when describing what the inspector found. We last inspected this service on 27/03/2008. Observations from the report completed at that time, together with information contained in various notifications since made by the care home to the Commission were used to gain some overview as to the recent history of the service. The Annual Quality Assurance Assessment (AQAA) document sent out by the Commission for the manager to complete had only been received in the days immediately prior to this inspection and as a result remained but partially completed. The AQAA never the less contributed some further information about the care home.

During the inspection visit we examined a number of documents and records. We read the publications that had been given to all residents and were routinely made available to anyone interested in finding out about the home. These described the available services and terms of residence. By accessing a sample number of the personal files of people living at Lincoln House, we were able to study pre-admission assessments that described the various individual needs people had and the care plans designed to show how they should be met. We took account of the evidence that care plans were periodically reviewed and amended as peoples' needs changed. This sample included records for people receiving nursing care in the long or short term and people for whom residential or non nursing care was more appropriate. We also examined the files of some staff members, noting records that related to how staff were appointed, trained and supervised. Other records seen concerned the way in which the premises and any items of equipment were maintained and how health and safety were promoted. We looked at a selection of records that showed us how medication was being managed and saw how any accidents that had taken place had been monitored. A number of the care home's policies and procedures were seen in the course of our investigation.

During the inspection visit we toured the care home a number of times, visiting all of the communal areas where people gathered to take their meals or enjoy socializing and relaxation. We were able to see several of the rooms allocated for the private use of people living at Lincoln House and assess their suitability, cleanliness and comfort. We saw the grounds to the care home, taking account of the accessibility of the gardens, their attractiveness and how they were kept. We took some account of the large size and location of the care home and how that might impact on the lives of people living there.

During the day we spoke to the person with overall responsibility for the service and to the manager. We were also able to speak with the nurses in charge of the nursing wing and the care manager of the residential sector of the home. We spoke with care staff, the activities co-ordinator and the cook in charge. We talked to 5 of the people living at Lincoln House to gain their impressions of the home, its' services and staff. All of the people we spoke with were helpful and took pleasure in relating their views about Lincoln House.

What the care home does well:

We found that Lincoln House provided people who might be interested in the services available there with a useful, informative guide. This guide contained a range of sample documents that provided an over view as to how the home was managed and run, how individual needs would be taken account of and the answers to a number of possible questions relating to the practicalities of everyday life. In addition, we heard how prospective residents had the opportunity to visit the care home and see the available accommodation for themselves, meet members of staff and talk with other residents to gain their views about the home. Before being offered a place, be that for permanent or short term nursing or residential care, people's individual needs were assessed by the manager or a senior member of the staff team. Senior staff related how mindful they were of the importance of making sure that people's needs could be met at Lincoln House before proceeding any further. Since the previous inspection the number of beds allocated for short stays in the nursing wing of the home had increased to 13 and in these cases assessments were done in response to referrals made by other health care professionals concerned to secure non hospitalized nursing care for people in a location close to their own homes. This was particularly appropriate when palliative care was being offered. Lincoln House had adopted the Liverpool Care Pathway system of offering care to people known to be approaching the end of life and nursing staff spoken with were particularly committed to ensuring people who were terminally ill were always treated sensitively, with dignity, kindness and respect and that the needs of their relatives were also taken account of.

The information gained during the assessment process was used to form the basis of individual care plans. In addition we found evidence that care plans were regularly reviewed to ensure the continued relevance of their content. The care plans we examined were detailed and addressed a wide range of potential personal needs. The account made of needs was generally accompanied by instructions for staff to follow, to help ensure they offered the most appropriate assistance to people. Records indicated that risks were assessed and steps taken to limit their impact. For example, where a persons' mobility was noted to have deteriorated, staff were guided to support them in an enabling manner while continuing to promote independence. We noted how, in the case of a short stay resident, the care plan contained information as to the input required of an Occupational Therapist and other support needed to enable goals to be safely attained once the person was back in their own home. We saw that individual emotional needs were taken account of as when a person became of low mood following their admission; this was carefully monitored with positive steps taken to engage with that person to discover the cause of their despondency and help them overcome what was troubling them. We found nursing needs were similarly documented. In one example treatment of a pressure area was detailed and daily records showed how effectiveness was being monitored. There was reference made to a special ' repose' mattress being used to help alleviate the problem. Included along with care plans were records of visits by GPs and other health care professionals and explanations of what medication had been prescribed.

We looked at the way medication was being stored, administered and recorded in both the residential and the nursing sectors of the care home. In both areas we found storage was secure and appropriate. Policies and procedures were in place and well

advertised to guide staff with responsibilities in this area. Only members of staff trained and authorized to do so were permitted to administer medication. In the nursing wing we did a sample audit of medication, including controlled drugs and found that quantities in stock corresponded with records kept. In the residential sector we accompanied a member of senior staff who was conducting a medicine round, noting her careful administration of medicines and attention to detail when completing the relevant records. We heard from the residential care manager how audits of medication were being conducted with commendable regularity to help ensure the possibility for making errors was limited.

People living at the care home told us that they felt very well cared for and indicated they had great confidence in the manager and members of staff. One person said, "The staff couldn't be more helpful or kinder, they always take such good care of us." In the course of our visit we observed interactions between different members of the staff team and people in their care and noted that they behaved in a pleasant respectful manner. None of the residents spoken with felt that their freedom was in any way restricted. One person said, "You get up when you want, go to bed when you want, take part in things, go out, it really is all up to you". During the day a number of visitors were seen to come and go, including people with young families, all of whom behaved in ways that indicated they felt at home there. People told us about the many social activities they took part in and made it clear they had enjoyed recent events such as the Valentines' Day party. We saw photographs on the walls of people enjoying themselves in such a way. When we spoke with the activities co-ordinator she offered a very full account of the range of activities, entertainment and outings available to residents and told us how having completed a training course to do so she had set up a 'Reminiscence' group session which had proved very successful. Notices about forthcoming events were posted in a number of locations around the home but these were also given out to residents and to any relatives who might like to join in.

We asked people their view of the meals provided by the care home and everyone spoken with was of the same opinion, saying there were choices available, that the quality of the food was good with ample portions offered. One person told us ""You just can't beat it, the food here really is exceptionally good." Through the day of our visit we saw 2 meals being served, at lunch time then at tea time. Some people chose to take their meals in their own room while others made use of the attractively laid out dining rooms. People came to table in their own time and we observed how service was unhurried and pleasantly performed. When we spoke to the cook in charge it became clear she had personally interviewed everyone living at Lincoln House to find out about any food intolerances or special requirements, likes and dislikes and took a great pride in being able to cater for all tastes and needs. We saw how the menu too was posted around the home but also given to everyone in their own room.

Residents spoken with were clear they had no concerns about their lives at Lincoln House but also made it plain that they knew they had the right to complain and should the need arise they would have no hesitation in speaking to the manager or any other member of senior staff about their concern. We found that people were protected by the policies and procedures that were in place, informing staff of their need to protect vulnerable people from abuse and also by the training staff had received.

We spent much of our day visiting different parts of Lincoln House. We saw how the care home occupied a large site which it shared with the local GP practice buildings, located on the edge of a village. Some sheltered housing was in the process of being built on the same site. None of the associated activity seemed to concern anyone living at the care home. Access to Lincoln House was good and the position of the buildings permitted views across the rural landscape. Sheltered, well kept gardens were provided and these were easily accessed from within the building and a number of people were seen out making the most of a fine spring day.

We saw how the care home was well maintained, attractively decorated and comfortably furnished. Communal rooms where people took their meals or could relax and socialize were easy to locate and pleasantly appointed. One sitting area contained a large screen TV while another was more suited to listening to music, though a TV was also provided there. There was a large assembly room used for residents and staff meetings, parties and events such as the forthcoming Easter Fayre. We saw a number of the rooms allocated for the personal use of residents all of which were warm and comfortable, adequately furnished and showed evidence that people had been able to make these rooms their own by adding their ornaments, pictures and some electrical equipment. Some people had had a telephone for their personal use installed. Where ever we went the home was clean and tidy and there were no unpleasant odours detected. One person told us, "The place is so clean, you wouldn't believe how hard the staff work to keep it that way." Another said, "We really are so lucky to live in a place like this" while more than one person passed the observation that "It's like living in a really nice hotel where they look after you as well."

From our observations during the inspection visit and the staff rotas provided by the manager, Lincoln House appeared well staffed. We spoke to senior team members and there were no concerns expressed over current staffing levels. We asked people living at the care home it they had to wait very long should they ring their bell for assistance and were told that a response was usually quite prompt. One person told us, "Of course there may be times when they are extra busy, but you never have to wait very long and when they come they're always pleasant."

We asked to see the personal files of 3 members of staff including that of a person recently employed and one of long standing appointment. Staff files showed that appropriate procedures were used when appointing staff to the team, that new staff received an approved induction training course and that further training was made available at regular intervals from there on. Training records indicated that the team was well equipped to discharge their responsibilities. There was a high take up of NVQ accreditation among the care team to both levels 2 and 3.

Since the previous inspection of 2008 a new manager had been appointed to lead the staff team. This person had experience of the care home and was well qualified for the post. Her registration with the Commission had been applied for but had not yet been approved. The owner and person responsible for the service was in regular daily contact to support the care homes' functioning. Senior nurses and care managers were employed to oversee their sections of the home which left the manager time in which to concentrate on her own role. The managers' approach was open and positive and residents made it known they found her very approachable.

We found there were effective quality assurance systems in place, with residents and relatives being surveyed so that their views could help inform plans for the future development of the service. Residents' meetings had been instigated and the last of these had been very well attended and was described by one resident as "interesting and lively" providing an opportunity for people to air their views.

We noted from the service user guide how very careful measures had been put in place to safe guard residents cash should they need this service. The care home employed administrators to oversee financial matters and manage non care record keeping.
In the course of our visit we saw nothing to indicate that health and safety concerns were not being properly attended to and records revealed how equipment was regularly tested and risks assessed. Staff were well trained to promote health and safety and received regular training regarding fire prevention and action to take in the event of any emergency.

What has improved since the last inspection?

Since the last inspection, when it was found a problem had resulted from an inappropriate admission, all those members of staff concerned with the admission process had become more mindful of potential difficulties and the need to conduct assessments in a thorough manner. Senior staff related how improvements had been made to the way care plans were constructed and to the way daily records were entered. The care plans we assessed had been regularly reviewed and information they contained was clearly written and up to date. In the residential wing positive steps had been taken to oversee the safe handling of medication. In the nursing wing too, staff had sought to ensure that policies and procedures were clear, with guidance readily available that left no room for doubt. The list of persons authorized to administer medication and their specimen signatures was readily available.

We heard from the manager that residents had been asked their preferences in a survey regarding bathing facilities. As a result plans were in place to improve choice regarding available assisted bathing by converting one bathroom into a wet room with a shower and by adding a shower unit to the room containing a Parker Bath. In addition some en suite bathrooms were to be converted into shower rooms because people had indicated this would best meet their needs.

Senior staff reported that staffing levels were currently good. This was a view which people living at the care home endorsed.
Regular staff supervision had been introduced. The manager told us she was not completely happy with the system in place however and that changes were about to be made in this area. We were shown copies of the new improved style supervision record forms that would soon be introduced.

What they could do better:

Although care plans contained detailed information as to the personal and health care needs of people living at the home, we found some evidence of a failure to always marry up different pieces of information. For example, while the impact of medical intervention might be made quite clear in the section of the care plan devoted to health care, how this might affect a person in other areas of their daily life was not reflected

anywhere else. Though social and emotional needs were generally noted it was not always made clear how they should or indeed were being met. People spoken with were pleased with the range of activities provided for them and we saw plenty of evidence to suggest Lincoln House was a place where people enjoyed social interactions but none of this was reflected in any of the records we examined. Similarly, people's files contained forms to be completed with them, designed to detail something of that persons' history or social profile, their interests, likes and expectations. Of the files we sampled only in a minority of cases had these forms been completed which indicated a missed opportunity for staff to become better acquainted with the people in their care. Forms that had been completed with a resident, for example those which indicated how a person wished to be cared for at the end of life had not always been signed.
Although dietary needs had been assessed where particular concerns existed, knowledge of people's likes and dislikes and their satisfaction owed more to the efforts of the cook in charge than to a planned approach in this area. The use of the Malnutrition Universal Screening Tool (MUST) had not been introduced because the manager had been advised by the consulting dietitian that all staff should be trained in its' use before implementing screening of this kind and this had yet to be arranged. While efforts had been made to ensure medication was safely managed at all times, regular auditing of stocks and records was only taking place in the residential wing of the home. Due to pressure on their time, nursing staff had been unable to conduct similar audits since the beginning of the year. In the light of this concern, the care home had advertised for additional nursing staff since the commencement of 2009. We felt that while improvements had been made to the care planning system since the previous inspection, it would be helpful to care givers and ultimately to people receiving care if the information within people's individual files was organized in a way that made it easier to navigate and cross reference material.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective residents were offered information about Lincoln House and an opportunity to see the care home first hand which in combination would assist them to make a choice over living there.
The individual needs a person had were fully assessed prior to any decision over admission being taken. The needs of people seeking to stay at the home for a short while rather than permanently were assessed with equal thoroughness.
Each resident had a written contract with the home that included the terms and conditions of residence.

Evidence:

We wanted to understand how people interested in possible admission to Lincoln House first learned about the services offered there. To do this we spoke to the registered provider, the manager and senior staff. The registered provider emphasized how important reputation was, saying that because the care home was located in a

Evidence:

small rural community where almost everyone might know of someone connected to the home, this often played a part in people's choices. We talked to people who had recently been admitted to Lincoln House to ask their views on this and were told by one person that this had influenced their decision. We also looked at the literature that was used to advertise the service. To help us discover how people could be sure the home was right for them and would be capable of meeting their needs and expectations, we looked at some of the records kept by the home which revealed how people's needs were assessed and at the contractual agreements reached between the home and the individual.

We found that the Service User's Guide for Lincoln House contained a description of the available accommodation and aims of the service, together with an overview of how the home was managed and staffed. Any questions a new resident might have about some practical issues attached to living at the care home were in part addressed by the inclusion of sample forms used at Lincoln House. Some examples were a copy of the standard contract, the complaints procedure, details as to how private telephone lines might be installed or registration with a local GP arranged. The manager confirmed how in addition to being offered to anyone considering coming to live at Lincoln House, a copy of this guide had been given to every existing resident.

Both the manager and senior members of the staff team described how the individual needs of anyone applying to live at Lincoln House were assessed prior to admission being agreed on. For this purpose, senior staff invariably visited the person in their own home or where they were living. Sometimes, if appropriate, the ensuing discussions included other health care professionals. This was especially the case when the application was for a short stay rather than a permanent place.

We learned how, in the previous year, the number of short stay beds available at Lincoln House had risen to 13. Sometimes a person's GP was instrumental in making the arrangements as a means of avoiding a potential hospital admission. An example of this was when someone was in need of palliative care. In other cases the application might originate from the hospital Community Liaison Team seeking to find somewhere close to a persons' own home where they could receive care and recuperate following hospital treatment. The manager and registered provider both stressed how important the assessment procedure was to ensure that no one was admitted to the home whose needs could not be met there. Both were mindful that the consequences for all concerned could be serious if the assessment process was inadequate or less rigorously applied. We examined the files of 7 people who were resident at Lincoln House. This included people living in the residential wing and people in receipt of permanent and short term nursing care. Each was found to contain a pre-admission assessment addressing the full range of potential health and personal care needs.

Evidence:

Assessments were detailed and well recorded.

Senior staff described to us how, following completion of an assessment that indicated the home could meet that persons' needs, prospective residents and their relatives were always invited to visit the home and spend some time there. By doing so they could see the accommodation for themselves and meet other residents and members of the staff team. Residents we spoke with said this had helped them to gain an impression of daily life, making it easier for them to form a view over the suitability of the care home.

All residents were supplied with and agreed a contract which in conjunction with the Service User Guide ensured all formal aspects of life at Lincoln House were understood.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements had been made to the care planning process. Care plans reflected people's assessed needs in a comprehensive and detailed manner. They included clear guidance for staff to follow.
Occurrences that might impact on more than one aspect of care giving were not always cross referenced between different sections of care plans and this could result in confusion. Care plans could be better organized.
Documentation capable of informing the care planning process had not always been completed and occasionally documents were left unsigned denoting some lack of attention to detail.
There had been an improvement in the way medication was managed. Regular audits of medication were taking place in the residential sector of the care home, which was good practice. It would be beneficial for similar procedures to be adopted in the nursing wing.
Procedures were in place to help ensure end of life care was sympathetically available to those in need.

Evidence:

We wanted to find out how well the care home was meeting the assessed needs of its' residents. We needed to be sure that information in a persons' care plan reflected their needs and made clear to members of staff what actions they needed to perform to ensure personal care and health care were delivered in ways that were appropriately supportive. We were looking for evidence that people had been included in the planning process and needed to find out if they felt their views were always taken account of as well as their privacy and dignity respected. We needed to check if the requirements made at the previous inspection regarding the management and administration of medication had been acted on and to what effect. We were interested to hear about the way in which members of staff were engaged in offering palliative care. To accomplish this we examined the content of 7 care plans, including those of people receiving short term, permanent and palliative nursing care and people who lived in the residential sector of the home. We spoke to a nurse and a residential care manager about the way care was planned and delivered. We talked with residents about their experiences and asked what they thought of the care they received. We assessed how medication was being managed and administered. Each of the files we looked at contained a questionnaire capable of providing indication of a persons' expectations of life at Lincoln House. Some questions related to how care should be delivered. This form had only been completed in half the files we examined. An "Advanced Care Plan" document permitted residents to state their views and preferences regarding the medical care they would like or expected to receive particularly at the end of their lives and we found this had been completed though not always signed. Care planning was organized as "Activities of Daily Living" and divided into separate sections addressing the various aspects of care and support a person might need. Descriptions of needs were informative and accompanied by clear instructions on actions to be taken to ensure needs were properly met. For example, where a resident had developed a pressure area, treatment was detailed along with instructions for how effectiveness of this should be monitored and an account of a repose mattress being installed for the residents' use. Daily records revealed also how this potential problem was being addressed to good effect. Similarly, another resident had developed reduced mobility and the relevant section of their care plan contained good, clear instructions to carers on how best to assist this person. Another person was noted to be of low mood following their admission to the care home and records revealed how this was monitored and positive steps taken with that person to help them address their concerns. Records for a short stay resident showed how plans were made for their return home, the input required by the Occupational Therapist along with other support needed to enable the resident to attain their goals. Evidence relating to potential risks having been assessed was found in each file examined, these assessments addressing mobility, risk of falling and need for bed rails in some cases.

While nutritional needs were recorded in each file, with evidence that some residents

Evidence:

were being monitored as far as their food and drink intake was concerned, the Malnutrition Universal Screening Tool (MUST) had not been applied for all residents. The manager explained that she had been advised by the NHS Dietitian to defer this till all staff had been appropriately trained. People's likes and dislikes with regard to food had been recorded but little else about this was noted. Similarly, while care plans included a profile of people's social needs, there was no obvious link made to the way in which suitable activities were being provided. Daily records of care given were found to be well completed in all cases. We did however note a failure to always cross reference between the various sections of a plan where for instance the outcome of a medical treatment might impact on other areas of care delivery. Each file examined contained evidence of regular reviews being conducted both on a monthly basis and more fully every 3 months. Better use might have been made of this review process to help organize the material being held in the files in a consistent and user friendly system.

In the course of the inspection 5 residents were asked about the quality of the care they received at Lincoln House. Without exception people said they could not fault the care home in any way, describing carers including the managers as kind, helpful, respectful and always quick to respond to any need or concern. One residents said, "The staff couldn't be more helpful or kinder, they always take such good care of us." We were able to observe some interactions and noted how staff were unfailingly polite, addressed residents in a courteously pleasant manner and had respect for people's privacy. One member of staff though summoned in response to having knocked apologized for the interruption on seeing the resident was not alone. Another, performing the medication round offed to return a little later because the person concerned was entertaining visitors.

We found that medication was managed separately, in the nursings sector of the home and in the residential wing. In both areas medication was securely and appropriately stored. Facilities were in place to store controlled drugs and medication in need of lower temperature storage was kept under monitored refrigeration. Only registered nurses or care staff who had undergone appropriate training were authorized to administer medication and a list of their names and signatures was available for inspection. We accompanied a member of the care team on a medication round and heard how she had been well trained to administer medicines. A sample number of Medication Administration Record (MAR) sheets were examined and found to be well completed. The member of staff conducting the medication round was observed to approach each individual resident in a polite, sensitive manner, explain that she was offering medication, ask relevant questions when ever that medication was prescribed for occasional use only (for example when offering pain killers). Some residents had an agreement with the care home that they would be given their medication in their own

Evidence:

rooms and could then take the medication at the time which suited them. For example, a person might wish to complete their meal and had not done so when the carer arrived with their medication. Where these arrangements were in place records were kept and residents had signed an agreement as to the risks involved and conditions that applied. Where residents had been prescribed liquid medication it was seen that each person had their own bottle, carried in the medication trolley and clearly marked with their name. The majority of medication for administration was delivered to the care home in monitored dose system. A random audit was undertaken on some medication in stock within the residential sector as was also done in the nursing sector of the care home. Quantities in these cases corresponded with the records. A check was made on a quantity of controlled drugs being held for a resident and the quantity was also found to be correct and with appropriate MAR sheet records and Controlled Drugs Register entries made. In the nursing sector records showed how the application of medical creams was also being regularly recorded. In the residential sector of the care home, audits of medication stocks were being conducted on a weekly basis. This was seen to be good practice as the residential manager was able to demonstrate being very aware of the way in which medication stocks were managed and could pin point times and persons involved should an error occur. As a result her records showed a very low incidence of errors being made. We heard how due to pressure on time, internal audits of medication in the nursing sector of the care home had not taken place since the commencement of 2009. The nurse in change expressed concern over this matter and the wish to be able to emulate practice in the residential sector of the home as soon as possible. With this in view, the care home had been advertising for additional nursing staff since the commencement of 2009. Nursing staff reported that there were no psychotropic medicines being administered in the home at the time of this inspection but acknowledged the need for clear guidelines to be followed should such an instance occur again as had been noted at the previous inspection. The care home was found to have good policies and procedures in place regarding how medicines should be managed. Appropriate records were seen for the disposal of unwanted medication. Appropriate accident reports were kept and regularly audited to help identify any areas or situations in which individuals might be more at risk than others..

The care home aimed to be particularly responsive to the needs of people approaching death and had adopted the Liverpool Care Pathway for end of life care. A member of the staff team spoken with was particularly committed to delivery of palliative care and related that there were many other members of staff equally concerned to ensure the care needs of residents were met at this time in a thoughtful, sensitive manner and that the needs of relatives too were given proper consideration.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents of Lincoln House found that their lifestyle matched and in some cases exceeded their expectations.
People were able to maintain family and social contacts and some had made new friends while enjoying taking part in the well organized programme of activities.
The quality of meals provided was good.

Evidence:

We wanted to discover how residents of Lincoln House lived their daily lives and whether the care home had the capacity to satisfy their aspirations. We needed to know if the kind of lifestyle people had adopted since their arrival reflected their expectation of the home, could they satisfy their social and recreational needs, were they able to maintain former contacts, go out and receive visitors. We wanted to know how much choice people felt they had and if they considered themselves able to control what happened in their lives. In addition, we wanted to find out if the meals supplied by the home were sufficient and to their liking. To do this we talked with 5 residents, asking their views. We made some observations of our own as the day progressed. We talked at length to the activities co-ordinator and to the cook in charge.

Evidence:

From our conversations with residents we found general agreement that the care home had not only matched but in some cases exceeded expectations. One resident said, "Its like staying in a really nice hotel where you're very well looked after." Another commented "You can really do what ever you like here, get up when you want, go to bed when you want, take part in things, go out - it's all up to you."

Throughout the day residents were observed making use of the communal areas, engaged in social activities and also in their rooms. Two residents were entertaining visitors in their own room and it was evident that the family was at ease there. Later this resident said, "You just couldn't want better from anywhere." And another person said, "We really are so lucky to live in a place like this."

As found at the previous inspection, residents had each been asked their likes and expectations by an activities co-ordinator employed by the home. In line with the co-ordinators' survey findings, and surveys conducted as part of the care home's quality assurance monitoring, a range of activities had been provided. The co-ordinator explained how as a result she had set up a knitting and chatter group and those taking part liked to help raise money for charity. There was a gardening club and the previous summer residents had grown their own tomatoes. Event days such as Valentines' Day and Red Nose Day were all celebrated in a special way. There had been a party for Valentines for which the cook had provided heart shaped cakes and chocolates. Similarly buns with clown faces had been prepared for Red Nose Day. Talks were provided by a local historian, with a meeting planned for later that week in which the association between Abraham Lincoln and the locality would be revealed. There had been visits arranged for those who seldom got out alone by hiring a bus to carry disabled people - this had lead to a visit to a garden centre and a day out at Gressenhall Agricultural Museum. Copies of the Activities Schedule were posted about the care home and the co-ordinator took trouble to ensure all residents and their relatives were able to receive a copy for their own use. Many residents' relatives frequently joined in with the planned activities. Entertainers were booked to appear at the home every month. Residents meetings had been set up in the past year, the first attended by only 10 people but the second filled the assembly room of the home to capacity. Residents confirmed how these meetings had provided an opportunity for them to air their own views and contribute to future planning regarding entertainment and activities. They together with the co-ordinator spoke with great enthusiasm about the kinds of activities already being made available.

The activities co-ordinator had recently completed a course to help her deliver reminiscence sessions. One such session involving musical memories had already taken place and proved a great success.

Evidence:

Some residents who steadfastly declined to take part in organized activities did never the less enjoy some one to one contacts with the co-ordinator and with other staff members.

Although the care plans examined did contain information as to the social needs and interests of residents there was no indication of how positive outcomes were being achieved. While the co-ordinator revealed she knew each resident and believed they in turn saw her as a friend, her contributions were not being recorded other than in her own notes and record books.

There were a number of photographs on the notice boards that showed how many residents had enjoyed parties and other activities organized on their behalf.

During the day residents were observed being offered 2 meals. The dining rooms in both the residential area and the nursing sector were spacious, well decorated and furnished and attractively laid out. There were fresh flowers on every table. Some people elected to take their meals in their own rooms and when this was the case their wishes were accommodated and served with care. Meals were well presented, appeared of good quality and ample quantity. All of the residents spoken with said that the food was exceptionally good. One resident laughed that her only concern was being tempted into putting on weight, the food was so appealing. Another said, "You just cant beat it, the food really is exceptionally good." Choices were available and the menu made known in advance. Residents had a copy of the menu in their room and there were notices regarding the menu in the communal areas.

The cook in charge that day revealed how she had gained first hand information by interviewing each resident in turn to find out about their likes and dislikes, any foods they were intolerant of or special dietary needs they might have. She kept her own records and said she felt she knew everyone at Lincoln House very well. She took pride in having developed a range of choices capable of suiting needs and added that with so many people to cater for, her preparations resembled more that of a restaurant than a home.
Again, although people's dietary needs, including principal likes and dislikes were noted in care plans the extent to which needs were met was not reflected because plans contained little detail of how these particular needs should be met.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents at Lincoln House were well informed as to how to make a complaint should they ever need to and were confident any concern they might raise would be fairly dealt with.
People were protected by the care home's policies and procedures and by the training the staff team had undergone, all of which was designed to help protect vulnerable people from abuse.

Evidence:

We needed to find out if people knew how to make a complaint should they need to, and to be assured they would feel confident about doing so. We also wanted to discover how well protected people were against all possibility of being abused. To do this we examined the care home's policies and procedures regarding complaints. We found that each resident had been given a copy of this document along with relevant forms for their use. Residents spoken with said that they would have no hesitation in approaching a member of the senior management team should they ever have a concern to raise or wished to make a complaint. There had been no complaints received by the home since the previous inspection.

All members of staff had been trained to protect vulnerable adults from abuse. This was confirmed by training records and by a member of staff spoken with. Staff were cleared to work at the care home by the Criminal Records Bureau prior to being

Evidence:

permitted to commence work there.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The accommodation provided by Lincoln House was suitable for the people using the service.
The care home was attractively decorated, well maintained, clean tidy and comfortable.
Furniture, fixtures and fittings were of good quality.
People had been encouraged to personalize their own rooms.
People living at Lincoln House were appreciative of the good standard of the accommodation available to them.

Evidence:

We wanted to see if the accommodation offered at Lincoln House was suitable for the needs of its' residents and provided them with a comfortable, clean and safe place in which to live. The care home was in a rural location at the edge of the village. We were mindful of the large size of the premises, part of which was devoted to nursing care and part to residential care. We were aware that some of the people living there might only be acquainted with parts and not all of the home. We noted how the care home occupied a large site which it shared with a General Practitioners' Surgery. The site was being further developed as some sheltered housing was being built there. None of this appeared to impact in any way on the care home.

Evidence:

In the course of our inspection visit we toured the premises a number of times. Although comparatively few residents' rooms were entered, many people had their doors open and it was possible to see how people had personalized their rooms with items of furniture, pictures, ornaments and electrical equipment. Lighting was adequate and the care home was generally bright. Radiators were covered and the hot water temperature in residents rooms was governed to safe levels. Some residents had had telephones installed for their personal use. We noted how a range of specialist equipment such as pressure relieving mattresses and cushions were in use within the nursing sector of the home There were neat name plates beside the doors into residents' rooms.

Communal areas were spacious and attractive. Lounges had recently been decorated in soft pastel shades. Fixtures and fittings were of good quality and the furniture in these rooms was comfortable. There was a large flat screen television in one lounge and a music centre and television in another. There were additional sitting areas around the care home, some with outlooks across the countryside. A large conservatory with doors opening onto a sheltered courtyard was being used as a dining room. Dining areas were well furnished and there were fresh flowers on every table. There was a very large assembly room which the manager explained was used to hold parties, events such as the Easter Fayre, residents' meetings and staff meetings and training.

Residents spoken with said they were very pleased with their accommodation. More than one resident said "It's like living in a really nice hotel". The care home was found to be clean and tidy throughout. We were told " The place is so clean! You wouldn't believe how hard they (Cleaning staff) work to make sure it always stays that way. Once a week they move all the furniture about to make sure it's all clean into the corners and behind things" There were no unpleasant odours detected anywhere.

The grounds were attractively maintained, with easily accessible paved areas where people could sit in shelter. Patio areas included some raised flower beds. There was an additional outside area where decking provided a raised terrace for summer use.

There were 5 assisted bathrooms in use. Having conducted a survey to learn of residents' preferences, it was planned to convert one of these bathrooms into a wet room with a shower and to add a shower unit to the room containing a Parker Bath thus improving choice of assisted bathing facilities. The majority of residents' rooms included en suite bathrooms. Again in response to views expressed by people using the service, it was planned to convert baths in the en suites into shower rooms because residents had agreed they would find showers more suited to their needs.

Evidence:

The laundry was not inspected.

It was evident from staff training files, the care home's policies and procedures and from observation of staff going about their duties that the care home did have procedures in place to ensure the avoidance of infection being spread in the home. There was a strict dress code imposed on members of staff who were all smartly dressed. Protective clothing, aprons and gloves were in evident supply and we noted the frequency with which staff washed their hands.

The care home had policies and procedures in place to ensure safety from risk of fire.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using this service could be confident the care home followed appropriate procedures when employing new staff. Members of the team were positive in outlook and well trained to fulfill their roles.
Adequate numbers of staff including qualified nurses were available on duty at all times.

Evidence:

We wanted to find out if people living at Lincoln House were well protected by the recruitment procedures used by the home. We were interested to see if the care home was adequately staffed with sufficiently skilled persons on duty to ensure the care of so many residents. To do this we examined files belonging to 3 members of staff, including that of a person quite recently employed. We took account of how the appointment was documented and the way in which staff were inducted into their role. We were also interested in the training made available to ensure people working at the home could develop their skills and potential.

When we examined the files belonging to members of staff, we found they contained evidence that appropriate recruitment practices as set out in the care home's own policy document had been adhered to. New staff had undertaken an approved induction training programme that comprehensively covered all aspects of their role

Evidence:

requirements.

We heard how the care home employed in excess of 80 persons and was one of the main employers in its' locality. This indicated that there was a large pool of staff to call on in the event of members of the team being unexpectedly absent from work. We heard there had been a period of time when it had been hard to recruit sufficient nurses but this was no longer the case. It was now rare for agency nurses to be employed and when this was necessary efforts were made to secure the services of nurses who were familiar with the home. The staff rota showed how in addition to the manager there were always 2 and sometimes 3 nurses on duty at any time. The manager provided us with copies of the staff rota for the coming month from which it appeared the home would be well staffed at all times. On the day of our visit staffing levels appeared adequate and residents spoken with gave no indication they thought there was ever insufficient staff to attend to their needs. When asked if call bells were long in being answered residents said they were not. One person said "Of course they may be extra busy at times but you never have to wait very long and when they come they're always pleasant." Senior staff in the residential wing said they were generally happy with staffing levels though very occasionally extra help might be needed but this was not an issue of concern.

Records showed that members of the team had access to all the appropriate training courses and the care home employed dedicated trainers. Staff records revealed they had undergone considerable training and were well trained for the roles they had to perform. A majority of staff had gained NVQ Level 2 accreditation and many were now enrolled to attain Level 3.

During our visit we spoke with 4 members of staff involved with resident care and with 3 additional auxiliary staff members. All of these people responded in a manner that indicated their commitment to their roles and love of the work they undertook. Those involved in caring for people were clear about their roles and responsibilities and said they believed they received good training and support. Most had been in post for a number of years. Auxiliary staff were equally positive about the work they undertook and were enthusiastic team members.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using this service benefited from living in a home with strong management structure and where the atmosphere was open and positive.
People working at Lincoln House were well led and supervised.
People living at Lincoln House were kept informed of events there, included in the planning of social activities and the menu and were invited to give feedback at regular intervals.
The views of residents were taken account of as the care home looked to develop its' services and as a means of monitoring their quality.
Lincoln House promoted the health and safety of people using and working in its' service.

Evidence:

We needed to know if people living at Lincoln House benefited form the way the care home was managed and if there was a happy atmosphere there. We were also interested to see if the views of people at the home were taken account of and used to

Evidence:

inform any plans being made for the future development of Lincoln House. We needed to be sure that people felt secure there in every way. To find this out we talked to the manager of the home and to the residents. We looked at records that showed how staff were led and supervised and took account of their feelings about the home. Then we considered records that related to the safe keeping of residents money and the general promotion of health and safety.

We found that although a new manager had been appointed and her application to the Commission had been submitted, she was waiting for her registration to be approved. The manager was an RGN who had attained The Registered Manager's Award in Care and was clearly experienced. She was supported by the registered provider who was in regular contact with the care home. There was a large management team and this indicated that the workload could be delegated, leaving the manager to concentrate on her specific role.

The care home continued to monitor the quality of its' services and its' quality assurance report was available to all in the main foyer. The manager related how residents' meetings had been set up so that individuals could make their views known. One person living at the home said these meetings had been useful and lively. In addition, residents were surveyed to gain their views on particular issues. Various noticeboards had been introduced around the home to keep people informed of events. The activities co-ordinator had reported she printed a list of each month's events and made sure everyone had a copy and gave copies to visiting relatives too so as to encourage their support. She and the cook in charge had surveyed everyone living at Lincoln House to again their views on activities and meal preferences. Members of staff spoken with were positive about their roles and said they were happy working at the home. One team member said "I've been here for X (Many) years, that should tell you something." Another team member related having moved on but missed the home so returned to work there again.

Records revealed how staff were being regularly supervised. The manager said she intended making some improvements to the supervision system and we saw how supervision forms were being altered.

The information pack given to every resident on their admission to Lincoln House made clear how residents' money could if a person wished be held in safe keeping for them. Explanatory forms were included with this information and showed how any transfers would be regulated.

All of the care home's policies and procedures were readily available. During our visit there were no concerns over health and safety brought to light. Records examined

Evidence:

revealed how a fire safety risk assessment had been conducted in April 2008. Fire training took place at 6 monthly intervals. Fire fighting equipment had been serviced as had alarms and emergency lighting systems. Portable electrical appliances had been tested in 2007 and equipment brought into the home by residents was routinely tested.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	7	Malnutrition screening for residents should be undertaken without delay once staff have received the appropriate training
2	7	Information contained in people's files could be organised to better effect
3	7	Greater care should be taken to ensure information with potential impact is cross references between different sections of the care plan document.
4	7	Documents designed to help inform the care planning process should always be completed and signed
5	9	Time should be made available for nursing staff to complete regular medication audits in their sector of the care home.
6	12	The extent to which people's individual social needs were being met could have been reported in their files.
7	15	The extent to which people's dietary needs were met could have been reported in their files

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