Linden Care Homes Limited

Linden Lodge Nursing Home

Inspection report

Linden Lane
Warton
Tamworth
Staffordshire
B79 0JR

Tel: 01827899227

Date of inspection visit:
22 May 2018

Date of publication:
19 June 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

This inspection took place on 22 May 2018. The inspection was unannounced.

Linden Lodge Nursing Home is a care home registered to provide nursing care and accommodation for a maximum of 75 people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is situated in rural North Warwickshire and the accommodation is on three floors. The ground floor provides residential accommodation for people living with dementia. The first floor provides accommodation for people requiring nursing care. There are four bedrooms on the second floor, predominately for people who receive residential care.

We last inspected Linden Lodge Nursing Home in February 2017 when we rated the service as 'Requires Improvement' in the key question of safe and well-led. We found risk was not always mitigated, medicines were not always managed safely and quality monitoring checks were not consistently effective. This meant the overall rating of the service was 'Requires Improvement'. At this inspection we found improvements had been made and the service is now rated as 'Good' overall.

The service has a registered manager. This is a requirement of the provider's registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was well-led by an experienced management team who were enthusiastic about the service and committed to providing good standards. Staff received appropriate training and support, understood their roles and responsibilities and had confidence in the management team. The provider and registered manager used their own quality assurance checks, together with feedback from people, staff, relatives and visitors to the home, to identify where improvements in service provision were required.

There were sufficient nursing and care staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People felt safe with staff who understood their responsibilities to protect people from avoidable harm, neglect and discrimination. Any risks to people's health and wellbeing were identified in their care plans and plans put in place to minimise those risks. People were protected from environmental risks within the home.

People received good healthcare and were referred to external healthcare professionals when a need was identified to maintain their health. Staff who gave people their prescribed medicines demonstrated a good knowledge and understanding of how to do this safely and following best practice. The provider had a strong commitment to supporting people and their relatives before and after death, and the service was accredited under the Gold Standards Framework (GSF).

People's ability to make decisions was assessed in line with the Mental Capacity Act 2005. Staff offered people choice and respected the decisions they made. Where restrictions on people had been identified, Deprivation of Liberty Safeguards authorisations were in place to lawfully deprive people of their liberty for their own safety.

Staff showed compassion, encouragement and empathy towards people and ensured people's views and opinions were heard. Staff were interested in what people had to say and liked to find a common interest to generate discussions. People were offered opportunities to engage in, and experience, different and stimulating activities both inside and outside the home. Activities offered opportunities for social engagement and supported people's mental, physical and emotional wellbeing.

People were encouraged and supported to eat and drink enough and were positive about the quality and variety of their meals.

The design and decoration of the premises promoted people's wellbeing and supported staff to use equipment safely. The home was clean and tidy and staff followed the provider's policies and procedures to ensure people were protected from the risks of infection.

People, relatives and staff said communication was good at Linden Lodge Nursing Home and they were confident any concerns or issues would be addressed. Where accidents and incidents had occurred, learning was taken and shared to ensure improvements in care delivery were made. The registered manager encouraged a collaborative approach to problem solving to ensure any learning became embedded within the practice of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable harm, abuse and discrimination because staff had been trained and understood the actions required to keep people safe. Risks to people's health were identified and managed. There were enough staff to meet people's individual needs and maintain their safety. People received their medicines as prescribed and people were protected from the risks of infection. There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged.

Is the service effective?

Good

The service was effective.

Staff received appropriate training, guidance and support to ensure they had the required skills and experience to meet people's needs effectively. Staff worked within the principles of the Mental Capacity Act 2005. They offered people choices and sought their consent. People were offered a nutritionally balanced diet that met their individual preferences. People were supported to maintain good health, had regular access to healthcare services and received healthcare support when required.

Is the service caring?

Good

The service was caring.

Staff showed a high level of compassion, encouragement and empathy towards people. Staff were very motivated and valued the people they cared for because they understood their life histories and experiences. People's individuality and diversity were respected by staff who ensured people's views and opinions were heard. Staff developed caring and positive relationships with people and their relatives and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with information about how to respond to people's individual needs in a way they preferred. People were offered opportunities to engage in and experience different and stimulating activities both inside and outside the home. People and their families were actively involved in planning and making decisions about their end of life care. Changes in people's health were monitored to identify those in their final days to ensure they were comfortable and pain free. Any concerns were responded to in line with the provider's complaints policy.

Is the service well-led?

Good

The service was well-led.

An experienced management team were enthusiastic about the service and committed to providing good standards of care. Staff received appropriate support, understood their roles and responsibilities and had confidence in the management team. The provider's quality assurance checks, together with feedback from people, staff, relatives and visitors to the home, were used to identify where improvements were required and ensure the quality of care was maintained.

Linden Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 22 May 2018 and was unannounced. The inspection was undertaken by three inspectors, an assistant inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses, this type of service. A specialist advisor is a qualified health professional.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

We spoke with nine people and seven relatives about what it was like to live at the home. We spoke with the deputy manager, one nurse, one health care assistant, six care staff, six support staff and a student nurse about what it was like to work at the home. We spoke with the registered manager, the general manager and the provider's management systems consultant about their management of the service. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We reviewed eight people's care plans to see how their care and treatment was planned and delivered and looked at six people's medicines records. We checked whether staff were trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection visit we found improvements were needed in the management of risks and medicines in the home. At this inspection we found improvements had been made and the rating is now 'Good'.

All the people we spoke with confirmed they felt safe living at Linden Lodge Nursing Home. One person told us, "I am safer here than I was in my own home. The carers are very good and able." When we asked one relative if they were confident their family member received safe care, they responded, "Yes, the quality of care is good, there is always enough staff and they know what they are doing. There is good communication so I don't worry about things when I go home. I have no concerns whatsoever."

Staff had received training in safeguarding people from abuse and understood their responsibilities to protect people from avoidable harm, neglect and discrimination. Staff told us they would not hesitate to raise any concerns they had with senior staff or the management team. One staff member said, "If I thought someone might have been abused, I'd tell the manager immediately. They would sort it out, but if I was still concerned I'd go higher and then to CQC. I've never had to report anything here in the nine years of working at the home."

People and visitors to the home said there were enough staff to meet people's individual needs and maintain their safety. One person said, "They may be short staffed in holiday time, but they are around when you need them. When you press the buzzer they normally come quickly". A relative confirmed, "There seem to be enough staff around. When the bell goes it is answered immediately. The nursing staff will help out as well – they are a happy staff." However, some people told us staff could take longer to respond in the evenings and at weekends. Comments included: "I have concerns about staffing levels in the evenings because they do not always come quickly….I have to wait longer at the weekends" and, "There's sometimes a bit of a delay when the buzzer is pressed. It is worse in the evenings and weekends."

We spoke with staff about their availability and they told us staffing levels enabled them to provide safe and effective care. One staff member told us, "I always work on the ground floor and think we have enough staff. There are rare occasions that someone might be off and we are short. The manager always tries to get cover." Another said, "On the whole there are enough staff, but annual leave and sickness makes it difficult sometimes."

On the day of our visit we saw there were sufficient nursing and care staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. Call bells were answered promptly and staff were available to support people without rushing. The registered manager told us they frequently reviewed staffing levels and were confident there were sufficient numbers of staff with the necessary qualifications and experience on all shifts to support people safely. They told us new staff had recently been recruited so there would be more flexibility to cover staff absence in the future.

The provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a

Disclosure and Barring Service (DBS) check and obtaining appropriate references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received.

Risks were identified in people's care plans and plans put in place to minimise those risks. For example, one person smoked cigarettes and actions had been taken to reduce the risks of harm. These included the person having an alarm pendant to gain staff attention, if needed, when they were outside. Another person was risk assessed as requiring foot plates on their wheelchair, but refused to have them on. This person used their feet to propel themselves forwards and backwards and staff gave the person direction and moved furniture out of the way so as not to cause them harm. Staff clearly respected the person's wishes not to have the footplates, but understood the risks associated with not having these.

Relatives told us staff understood their family member's individual risks and took appropriate action to minimise them. One relative was happy that staff had put a 'crash mat' by their family member's bed at night which minimised the risks of injury if the person fell from their bed. They told us, "I am completely and totally satisfied that she is safe. They know her personality and that's so important. She gets agitated and has fallen out of her bed. They have put measures in place to keep her as safe as possible." Another relative told us their family member was at risk of falls. Alarm sensor mats by the person alerted staff if they tried to get up without support from staff.

Our specialist nurse advisor checked the care records of three people who had wounds or tissue damage to their skin. Each person had a treatment plan and wound chart, and wounds were photographed on a regular basis to support evaluation of the treatment plan. Records demonstrated that wounds were showing improvement, despite people having underlying physical conditions which can hinder the healing process, such as diabetes.

However, we identified one person who had a blister on the side of their foot. Although the person was on an airwave mattress to reduce the pressure to their vulnerable areas, the person should also have had their foot elevated to reduce the risks of further friction. The deputy manager took immediate action to ensure the person's foot was elevated and staff were reminded this needed to be checked every time they provided personal care. People's airwave mattresses were at the correct setting to support their weight and minimise the risks of skin damage.

Risk assessments were regularly reviewed to ensure any changes in risks were identified. We were told risk assessments were also reviewed if there was a change in people's abilities. When we checked one person's risk assessment we found their mobility needs had changed as they were no longer able to move independently, but their skin care assessment had not been reviewed in light of their potential increased risk of skin damage. The person was on a 'pressure relief chart' and staff confirmed the person would be repositioned every four hours, although there were no written instructions to ensure this was done consistently. This person had very recently been discharged from hospital and following our visit the registered manager confirmed the risk assessments and care plans had been updated to accurately reflect the person's increased needs.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. People were therefore protected from environmental risks within the home.

People received their medicines from qualified nurses or care staff who had received appropriate training. Staff who gave people medicines demonstrated a good knowledge and understanding of how to do this

safely and following best practice. People were given time to take their medicines without being rushed.

People had their prescribed medicines available to them. A staff member told us, "It is exceptionally rare for us to run out of anything. If we did, we'd ensure it was available for the next day." Where people took medicines 'As required' there was guidance for staff about their use to ensure they were given consistently and only when necessary. These are medicines which people take only when needed.

Where people received their medicines through a tube directly into their stomach, the administration regime was clearly set out in their care records. The site of the tube was cleaned daily and monitored for early signs of infection in line with NICE guidelines. Some people received their medicines through a patch applied directly to their skin. Staff used patch application records to record where they had applied the patch to ensure the sites of application were rotated in accordance with the manufacturer's guidelines.

Some people were applied topical medicines in the form of cream or lotions. Body maps informed staff exactly where on the body these should be applied. Staff ticked in personal care records that the creams had been applied, but more detailed information would provide further assurance they had been applied in accordance with people's prescriptions.

A staff member told us one person had their medicine administered to them 'covertly' which meant it was disguised in their food or drink. Whilst this person's mental capacity had been assessed and their GP had authorised medicine to be given covertly, we found the covert care plan and risk assessment did not list which medicines the agreement applied to. The care plan stated medicines should be disguised in food, but were being given in a hot drink. We discussed this with the registered manager who took immediate action to update the guidance so a safe and consistent approach was taken by staff.

Most medicines need to be stored below 25 degrees centigrade to remain effective. Some medicines require below room temperature storage and a designated fridge was available. We found the temperature in the clinical room on the nursing floor was regularly recorded as higher than 25 degrees. We shared our concerns with a nurse who later told us the placement of the thermometer by the fridge appeared to affect the temperature recording. When the thermometer was moved from the heat of the fridge, the temperature fell to under 25 degrees. Whilst daily fridge temperature readings were taken and remained within a safe range, it is good practice to record maximum and minimum temperatures to ensure the temperature remains stable. Following our visit the registered manager assured us that appropriate action was being taken to ensure medicines were consistently stored at safe temperatures to ensure their efficacy.

The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a re-occurrence. We found there was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. During our visit we identified that some staff were not consistently repositioning people at risk of skin damage in accordance with their care plans or accurately recording when they had repositioned people. During our inspection this was immediately addressed by the deputy manager during the handover between shifts to ensure safe practice was followed. Following our visit the registered manager sent us the following assurance. "We are having a brain storming session with staff next week to discuss ways to improve this. I have my own ideas but I would much prefer it if staff could come up with solutions themselves as that will give them ownership of this and hopefully have a more successful outcome." This demonstrated a collaborative approach between managers and staff to improve safety within the home.

The provider's policies and practices protected people from the risks of infection. The provider had

appointed the registered manager as the champion for infection prevention and control, in line with the Department of Health guidance. Staff maintained high standards of cleanliness and hygiene in the home which reduced the risks of infection. Toilets and bathrooms were well stocked with toilet rolls, hand soap and paper towels. Personal protective equipment (PPE) was widely available throughout the home and we saw staff using it appropriately throughout our visit. People confirmed staff followed good hygiene practice with a typical comment being, "I have seen them using hand gel, using gloves in the bedroom and then throwing them away."

The provider had issued guidance to domestic staff about how to keep the home clean and hygienic. They had created checklists to make sure every part of the home was regularly cleaned. One person told us, "This place is spotless and cleaned regularly. When there are accidents they are immediately cleaned up."

Clinical equipment such as suction machines and nebulisers were cleaned in accordance with a cleaning schedule, were in good order and ready for use. There were processes for the safe disposal of clinical waste within the home.

The provider had procedures to manage risks in the event of an emergency and ensure the emergency services understood what support people would need to evacuate the building. One person told us one of the reasons they felt safe in the home was because of the rules and regulations around fire safety. They told us, "There are so many rules and regulations about fire doors and everything and they are always met. I've got something on my door so it can be left open but if the fire alarm goes off, it closes automatically." During our visit the fire alarm was activated and staff followed the provider's evacuation procedure. We identified some issues with the procedure, and the provider's management systems consultant confirmed, "There is room for improvement in the way we do things." They told us this had already been identified and the fire system was in the process of being upgraded and the evacuation process was under review to ensure the safety of everyone in the building in an emergency situation.

Good

Is the service effective?

Our findings

At our last inspection visit we found people received effective care. At this inspection visit people continued to receive effective support and relatives spoke consistently about the skills staff demonstrated in meeting people's individual needs. Comments included: "It is very good team work here. Everyone is very understanding" and, "[Person] can be very difficult, but the staff seem to be well trained." The rating remains 'Good'.

New staff received an induction which was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve. New staff also worked alongside experienced staff (shadowing) to understand people's specific care needs and how they preferred to be supported. Non-care staff received an induction specific to their role. One member of domestic staff told us, "When I started here cleaning, I did a high clean in one room with my supervisor. Completely stripped a room down and then back up to show me the standards. Then I had two weeks shadowing."

The training staff received enabled them to retain and update their knowledge and also develop new skills to support people effectively. Staff told us the provider's 'essential training' was refreshed regularly and they were also offered different courses each year based on the needs of people living in the home. For example, last year staff received training in continence care and this year the provider had focussed on dysphagia. Dysphagia is where people have difficulties swallowing.

Where staff had specific responsibilities, they had been provided with the training necessary to carry out their role. For example, the head of catering (head cook) told us, "I went on a training day which was arranged by hospital dieticians. It was excellent and taught me how to prepare nourishing meals and high calorie snacks for people. I also learnt how to assess calorific values of foods." A member of staff who was a designated 'dementia champion' explained how the training they received enabled them to ensure people living with dementia received effective care that supported their well-being. They told us, "They send me on any training that I want. I did dementia mapping for a week. This teaches staff to observe what makes a person happy for example. Then we work out how much of a person's time is spent doing things that make them happy. This is my next challenge that I want to implement." Nurses told us the registered manager provided good support and encouragement with regard to the revalidation of their nursing qualifications.

Staff told us they received regular support and advice from their managers and the nurses, which enabled them to do their work. Staff were invited to attend regular meetings with members of the management team which gave them an opportunity to discuss their performance and any training requirements. The registered manager explained why these meetings were so important. They said, "It is good because in a place this size it is difficult for management at senior level to engage with staff one to one. It ensures standards are being met and we can problem solve and see if they would benefit from further training and development." One staff member told us they particularly valued the support they received from the nurses at challenging times, such as following a person's death in the home. They said, "If I need any counselling, the nurses will be there to listen, and they do listen, they don't try and talk over you."

The registered manager provided placements for student nurses. We spoke with a student nurse who was overwhelmingly positive about the benefits of their placement at Linden Lodge Nursing Home. The purpose of the placement was to improve their communication skills and they student nurse felt this had been effectively achieved.

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. The registered manager had ensured people's ability to make decisions was assessed in line with the MCA. Where people did not have capacity to make a decision, they were made in people's 'best interests' in consultation with health professionals and people's representatives.

Staff worked within the principles of the Mental Capacity Act 2005. We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible. One staff member explained, "Everybody is entitled to their own choices in life and we should respect that." We saw another member of staff supporting a person to drink. They asked, "Is that nice?" and, "Do you want anymore?" which ensured the person had a choice. Staff told us that even when they knew what people's preferences were, they still offered them a choice. One staff member explained, "You still have to give every option no matter if you know they like it because they might change their mind." One person confirmed, "I make my own decisions and they allow me my own freewill."

Staff respected people's right to refuse support, but balanced that right against ensuring any risks to the person's health were managed. One member of staff told us, "I would try and reason with them and if they kept refusing I would ask somebody else if they could persuade them to let us assist them. If not, I would report it to the sister."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had reviewed each person's care needs to assess whether people were being deprived of their liberties, or their care involved any restrictions. We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People were encouraged and supported to eat and drink enough. People had a choice of meals and could eat in the dining area or their own bedroom if they wished to. Meal options were displayed in words, and when meals were served, staff explained what was on offer and showed plated choices to people so they had a visual prompt to help them choose what they wanted to eat. Staff were also effective at meeting individual needs as described by one person who followed a vegetarian diet. They told us, "I order what I want within reason. They bring me special stuff in."

At lunchtime people received the support they required with their food and drink. The mealtime was unrushed and a pleasant experience for people. We asked people for their views on the variety and quality of food offered. People responded positively and commented: "The food is very good and there is variety available" and, "It's lovely and they have always had a choice. I know for a fact that they cut the food up and encourage [person] to eat."

Mid-morning and mid-afternoon snacks were offered to people with a choice of drink. Staff knew which people were at risk of malnutrition and required high calorie snacks. Staff encouraged people to drink plenty

particularly as it was warm on the day of our inspection visit. However, where people's nutritional intake needed to be monitored, food and fluid charts were not always kept. For example, one person's care plan said they should have a drink offered every two hours and their intake should be recorded. Whilst staff and the person's relative confirmed the person was being offered regular drinks, no records had been maintained. Following our visit, the registered manager confirmed the person's care plan had been reviewed and food and fluid charts were no longer required.

People's needs were assessed before they moved to the home and developed into care plans which included recognised risk assessment tools based on best practice. Reviews of care ensured any changes in people's health and abilities were identified so appropriate action could be taken.

People told us they received good healthcare and were referred to external services such as dieticians, opticians, chiropodists, audiologists and dentists to maintain their health. The GP visited the home twice a week and wrote their advice directly into the care plans to ensure it was accurately transcribed. The registered manager had developed effective partnerships with other healthcare professionals to ensure people received support in accordance with current best practice. For example, if there were any issues regarding a person in their final days, staff could contact a local hospice who offered a rapid response end of life service.

Relatives told us they were informed about any changes in their family member's health. One relative had recently complimented the registered manager with the following words. "I was kept up to date with the observations of the staff and any concerns which I expressed were discussed in detail and any follow up actions by the doctor or other professionals was always reported back."

The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. The home and corridors were spacious and enabled people to move easily around the communal areas. Bedrooms were big enough to accommodate individual specialised supportive equipment. The ground floor had an enclosed courtyard garden that was accessible to people and their visitors. Staff and relatives encouraged people to use the garden so they could enjoy some fresh air and sunshine.

Good

Is the service caring?

Our findings

At our last inspection visit we rated caring as 'Good'. At this inspection we found staff remained compassionate and thoughtful which was appreciated by people and their relatives. The rating continues to be 'Good', but the provider was working towards an outstanding rating.

People and their relatives commented: "Staff are very attentive and patient. They always call people by their names and are really good with them", "The staff are marvellous and are very friendly I have real confidence in them" and, "It is nice and relaxed. The girls are wonderful."

Staff showed a high level of compassion, encouragement and empathy towards people. People appeared very relaxed and comfortable around the staff and we saw many thoughtful, caring and respectful interactions. One staff member held and stroked the hand of a person who appeared confused and said, "Is everything okay?" The member of staff continued to offer reassurance until the person was ready to continue the activity they were engaged in.

It was clear humour and the opportunity to have fun was important to people. We observed people laughing and smiling with staff. One person said, "If it hadn't been for the staff here, I wouldn't have carried on. They have been very good to me. They spend time with you and you can have a laugh with them. It is really nice." Another person shared a joke with a member of staff and pointed to our inspector and said, "Look, she's writing that down." Everyone found this funny and it became a topic of conversation and laughter. A staff member talked with us about the importance of fun in people's lives and told us about a recent baking activity they had facilitated. While they went to collect some more ingredients, people had helped themselves to the chocolate in the middle of the table and when they returned, "Everyone was covered in chocolate, it was very funny and we all still laugh about it now."

Staff wanted the best for people and ensured their views and opinions were heard. Staff asked questions like, "Do you need any help with that?" and "Are you warm? Would you like me to take your cardigan off?" One person told us, "You can see what good carers they are." Another said, "They can't do enough for you. They make sure that we are comfortable."

We saw day to day choices offered to people living with dementia in a way that was understandable to them. For example, staff used closed questions so a person could answer yes or no, rather than complicated sentences. When speaking with people who were sitting down or lying in bed, staff crouched down beside them so they were on the same level and people could hear and understand what they said. When staff supported people to move or transfer using equipment, they provided reassuring information and explanations. Staff were patient and unhurried, encouraging people to take their time.

Staff were motivated and spoke positively about the home. One staff member said, "It's their life. We like to ensure the residents are having a good time and are doing something." Another staff member said, "Our residents are just so important and you have to treat them how you would want to be treated. We may be here ourselves one day so we have to set the standards high." During the day staff gave people their time

and enjoyed being with them. One staff member explained, "As soon as we are free, we sit with the residents. That is why we are here." Another explained, "I really enjoy my job here, it is really rewarding. I like working with the elderly people, giving them love and kindness."

Managers and staff valued the people they cared for by respecting their life histories and experiences. Each person had a 'Life History' booklet which explained a person's background so staff knew about people, what was important to them, significant events in their lives and their hobbies and interests. This gave staff information to start a meaningful conversation with people, even those they did not know well. This was supported by a one page profile document called 'The Linden Lodge Journey' which gave staff an over view of what people were like when they moved to the home and what they had engaged in while they were there. Photographs portrayed a positive image of people, such as enjoying a meal or a dance which gave a sense of value to the person. This document was regularly updated so staff could share more recent memories and experiences with people and their families.

Staff were interested in people and talked about things that meant something to them such as swimming or football. One person talked about a recent football match and was analysing their team's performance with staff. Another person was talking to a staff member about the war. When the person said they had been in the Wrens, the staff member told them about a family member of theirs who was also in the Wrens. This led to a 15 minute discussion which demonstrated that staff were genuinely interested in what people had to say and liked to find a common interest to generate conversations.

Staff encouraged people's independence and celebrated their achievements. Staff continually offered praise and encouragement to people whether this was a verbal "well done" or by visual signs such as putting their thumbs up. This created a positive atmosphere where people were encouraged to do well. One member of staff spoke passionately about some success they had supporting a person after a stroke. They told us the person had been told they would never walk again but explained, "Bit by bit with daily encouragement [person] walked across the lounge." This person later told us, "I got my frame and they [staff] were all clapping me. It made me feel great. It was good for me. It gave me a lot of encouragement."

The provider supported people's individuality and diversity. There was information about 'equality, dignity and diversity' in communal areas of the home which reminded everyone that, "Strength lies in differences, not in similarities". This was echoed by one staff member who told us, "We don't discriminate and everybody is welcome to do what they want to do. If there is a same sex couple, why should they stay in the bedroom? They would be welcome in the lounge like everybody else." People were supported to follow their religious beliefs. For example, a local faith group attended the home monthly to hold a service and the registered manager told us they would make arrangements for ministers of other religions to visit people when desired.

Staff respected people's privacy and knocked on doors before entering bedrooms. One person required one to one support from staff at all times because they could demonstrate behaviours that challenged other people. When this person went into their bedroom, they were clear they wanted to be alone. The staff member respected this and understood the reasons why explaining, "They were living on their own before and if somebody is sitting in their room, they can be distressed. I like to respect their choice."

People were able to decorate or furnish their bedrooms how they wished, according to their personal health and care needs. People had personalised their rooms with photos and pictures of family and friends around them. Some people brought in treasured items and furniture from their family home. One person told us how important it had been to them to be able to do that and explained, "It is part of me. I spent a lot of time building my home. I enjoyed my home and wanted to create that here."

Staff demonstrated a caring approach to relatives who said they could visit at any time and were always made welcome. One relative whose family member was very poorly told us, "It's a massive relief for me to have [person] close by. Staff are very caring and have taken the time to get to know us both – they even know how I have my coffee when I visit." A staff member confirmed, "I feel it is important for the families to be loved and cared for as well."

The provider demonstrated a caring attitude to their staff to ensure their wellbeing. Each year staff were invited to a 'wellbeing' meeting with the managers. The provider also planned a wellbeing day later in the year where staff would be invited to have their blood pressure, cholesterol and blood sugar levels checked. The registered manager explained the motivation behind this saying, "It makes staff feel more valued if you are interested in what they do, and are interested in them."

Good

Is the service responsive?

Our findings

At our last inspection visit we found people received care and support that was responsive to their physical, emotional and social needs. At this inspection we found the same level of care and support with people describing staff as "attentive and patient" and "giving every care and attention". The rating remains 'Good'.

Each person had a care plan which clearly identified their assessed needs and provided staff with information about how those needs were to be met. People and their families had been fully involved in planning people's care and support to ensure people had as much choice and control as possible. Overall, we found plans had been reviewed and updated regularly which ensured staff were enabled to meet and respond to people's changing needs and wishes. However, when people became anxious or agitated, there was sometimes a lack of detail to inform staff how to support them. More detailed information could assist staff in preventing the behaviour from occurring and guide their response if it did occur. For example, one person could demonstrate physical aggression towards staff during personal care. We discussed this person with the registered manager who assured us staff were compiling a list of those things which prompted a positive response from the person. They told us this information would be incorporated into a positive behaviour plan to support the person's emotional wellbeing at times of anxiety.

Staff told us communication was good in the home which supported them to promptly respond to people's changing needs. One member of care staff told us, "If I see anything I am not happy with, I go straight to the sister and pass it on." One person had caused a slight injury to their leg by scratching it and as soon as this occurred, a staff member responded promptly and called for a nurse to dress the wound.

Staff were updated about people's needs at handover meetings at the start of each shift. The handover provided staff with information about any changes in people's needs since they were last on duty. This was also recorded in writing so staff could remind themselves of any changes throughout the day.

The registered manager told us people's communication needs were assessed, and where necessary information could be put into different formats to ensure it was accessible to them. For example, information could be put into large print or a pictorial form for people with limited eyesight. One person in the home used a picture board to communicate, using 'thumbs up or down' to indicate their preferences.

The provider had a strong commitment to supporting people and their relatives before and after death and the service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives. The registered manager had established effective partnerships with other palliative care services and had two beds commissioned by the local clinical commission group to support the provision of end of life care within the local area.

People's health was reviewed regularly to quickly identify those people who were very poorly so an advanced care plan could be implemented which described how the person wanted to be supported during the end stages of their life. The end of life care plans concentrated on holistic symptom management and

covered the social, spiritual and psychological aspects of the person's care in their final days. People, and where necessary, their families were involved in developing the care plans to ensure each person was able to spend their final days as they wished to.

Staff had received training in supporting people at the end of their life and worked to ensure each person had a dignified and pain free death. They supported relatives to understand what might happen at the end of a person's life to reassure and prepare them. One staff member explained, "I speak to the families and see what they would like. Some people like to wash and dress their beloved ones when they have died because it is the last thing they can do for them. The most important thing is the person's dignity to the end." The relative of one person who was being supported as they neared the end of their life told us, "I am aware that he is in the last few weeks of his life. We have discussed with [deputy manager] what he and we want for him when he nears the end. They are so well looked after. He is very comfortable today; fast asleep right now." Another relative whose family member was very poorly told us, "I have had a conversation with the manager and three senior supervisors. She is on end of life medication. They know what I want. They have had conversations with mum as well so she knows that she is not alone."

We saw that many of the compliments the home had received were from relatives about the care their family received in their final days. One relative had written, "They made what was a very sad time more bearable because I felt I was amongst friends." Our specialist nursing advisor particularly commented on the very high standards of end of life care at Linden Lodge Nursing Home.

People were offered opportunities to engage in and experience different and stimulating activities both inside and outside the home. People spoke positively about the opportunities and commented: "They have social events where we all meet up. There is a lot going on and they put the information on the notice board", "I enjoy my knitting. There is a lot of different things going on. I've been on a boat trip, bowling, and to McDonalds" and, "The staff make every effort to stimulate them."

We spoke with one of the members of staff responsible for ensuring people had access to meaningful occupation within the home, and they explained the motivation for their role. They told us, "We don't like to call ourselves activities co-ordinators, we are the wellbeing team as it is a better name for what we do. We are all encompassing, more holistic." This staff member explained that conversations generated during activities were often more important than the activity itself. They gave an example of when they had recently arranged for people to make pizzas for their tea and told us, "We started the activity talking about the ingredients, but by the end of it we had talked about what people had burned in the oven when they were younger or what they baked as children. The actual activity of making the pizza is a small part of a person's wellbeing." This was clearly embedded within the ethos of the home as during our visit we saw several activities which generated conversations and encouraged people to share their memories and interests. For example, one group of people used a 'question ball' which had lots of different questions on it, such as 'what did you collect when you were younger'. The questions generated a lot of discussion which enabled people to get to know each other and share their stories which promoted a sense of community within the group.

Activities not only offered social engagement, but supported people's mental, physical and emotional wellbeing. On the day of our inspection we observed a paper folding exercise which required people to follow verbal instructions to aid dexterity and memory. At the conclusion of the activity, people had produced a paper cross which led to an invitation for people to join in a prayer and a song together. One staff member held out their hands to a person and asked, "Would you like to dance?" The person got up, and together they did a waltz around the living room while the other people in the room were singing. At the end of the song there were lots of smiles with a round of applause for the person who had clearly enjoyed their dance. This provided a very inclusive atmosphere with people, staff and relatives all joining in. People

were also encouraged to maintain their skills and interests by joining in 'tasks' around the home such as watering the flowers in the garden, growing vegetables in the greenhouse or helping to prepare meals.

For those who did not want to join in group activities, there was another lounge that was referred to as the 'quiet lounge'. A staff member told us, "Not everyone likes the singing and noise and so they can come here for some peace." One person told us they valued being able to make their own social choices and explained, "I prefer to be in my own space. I am not keen on sitting with others, but I can if I want to."

Where people were cared for in bed, the wellbeing team visited them in their bedrooms to ensure they did not become socially isolated. The well-being organiser told us, "We try to go and see everyone every day." During these visits people were able to choose what they wanted to do, whether it was just having their hand held, being read to or having their hair or make up done. At a party to celebrate the recent Royal Wedding, staff had visited the bedrooms of all those who were unable to leave their rooms, to ensure they were involved in the party celebrations.

People and their relatives knew how to complain. The provider's complaints policy and procedure was available within the home. People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. A typical comment was, "I would speak to [name of registered manager]. I can knock on her door and have a chat at any time. Her office door is always open and I just knock and enter." The registered manager maintained a log of complaints and what action they had taken to investigate and resolve any issues raised. The records demonstrated that complaints had been taken seriously and responded to in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

At our last inspection we found quality assurance was not always effective. At this inspection visit improvements had been made. The home was well-led by an experienced management team who were enthusiastic about the service and committed to providing good standards of care. The rating is now 'Good'.

The management team was very stable. The registered manager had been in their role for 18 years and the deputy manager had worked in the home for 16 years. Staff said they were able to access support and information from managers at all times because the provider's management team offered a 24 hour on call service. This showed there was leadership advice 24 hours a day to manage and address any concerns raised.

Comments we received from people and their relatives demonstrated a high level of satisfaction with how the service was managed. Everyone knew who the registered manager was and described them as approachable. Two relatives particularly spoke about how the registered manager had "gone the extra mile" for them. One relative explained, "When [person] was in hospital I knew that the girls could relay any messages to the manager at night time because she had told them to, even though she was off duty. That out of hours care concern speaks volumes. Last week [person] had a fall in hospital and we got caught up in NHS bureaucracy. The manager and her team brought [person] back from the hospital and put in place extra measures for their care so they didn't have to stay in hospital. All this was arranged out of hours which meant the world to me."

Staff received appropriate support, understood their roles and responsibilities and had confidence in the management team who frequently worked alongside them. One staff member said, "The manager has been kind to me. When I needed to be flexible with my shifts, they were really supportive." Nurses particularly spoke highly of the registered manager for their clinical support as well as their support of them emotionally.

We saw regular meetings, supervisions and appraisals were held with staff to communicate key messages, discuss areas for improvement and training needs. Staff were asked to evaluate their training courses so the registered manager could be assured they were adding value to staff practice. The evaluations showed a high level of satisfaction by staff whose comments included, "Fun and different ways of learning" and, "It will help me do my job better."

The registered manager was very clear with staff about their vision and values. We could see a very committed and open culture within the staff team who were very motivated and worked well together. One staff member told us, "We have to set the standards and values right at the start with the new staff by doing the Care Certificate. They are told that the residents come first and that this could be their mum or their nan." Staff spoke positively about the conduct of their colleagues. One staff member told us, "It is very good team work here. Everyone is very understanding." This meant that people who lived at the home were provided with consistent care from staff who put them at the centre of the service.

The provider and registered manager responded to feedback they received from people who used their service, relatives and visitors. Feedback was gathered in a number of ways, which included quality assurance surveys, individual and group meetings and a suggestions box. Where a need for improvement had been recognised, the provider had taken action. For example, an audit of the suggestions box indicated that people wanted more opportunities for social interaction and as a result the provision of activities had been increased to meet that need.

Accidents and incidents were logged and reviewed by the provider and registered manager to identify trends and manage actions appropriately to reduce the risk of repeated incidents. This also ensured the initial cause of the accident or incident had been appropriately addressed. One relative particularly mentioned the registered manager's candour in sharing information. They told us of an incident that had recently occurred involving their family member and said, "There is no secrecy here…… It wasn't their fault – it was just an accident. They told me straight away."

Regular audits and checks were carried out to ensure the people who used the service received a high standard of care. This included audits of care plans, infection control and medicines. Where issues were identified, we saw these were shared with staff during quality assurance meetings. One area that was a regular issue was the accurate completion of some daily charts, such as repositioning charts. The registered manager told us this was an area they were working to improve and planned to do this collaboratively with staff to ensure it was embedded within the practice of the home. The registered manager also completed a 'significant event' analysis after each death in the home. This was to identify whether anything could have been done better to inform staff practice in the future.

The provider demonstrated a culture of continuous improvement. Following our last inspection visit when the home was rated 'Requires Improvement' in the key question of safe, they had engaged the services of a management systems consultant. The consultant had reviewed the provider's health and safety policies and procedures and introduced systems to improve safety within the home. This included sharing 'lessons learnt' from incidents that had occurred in other homes within the locality, as well as within the provider group.

The registered manager worked effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, there was close liaison with respective palliative care and nursing specialists and the registered manager was due to speak at a summer school for students at the local hospice.

The provider also had links with the local community. A local college provided training in nationally recognised qualifications for staff, and in turn, the service offered apprenticeship opportunities to people interested in a career in care. The registered manager was also exploring a link with a local nursery school to encourage interaction between very young people and the people who lived in the home, as this had been proved to have positive outcomes for people's wellbeing.

The registered manager was a member of several good practice initiatives including the Registered Managers' Forums in Warwickshire and Staffordshire. These provided an opportunity to discuss changes in legislation and share information about good practice.

The provider had received some good practice awards since our last inspection visit. These included an award from the local authority for healthy catering and nutrition, an 'Investors in People' award and a 'Health and Safety Business' award.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications and the ratings from our last inspection visit were clearly displayed in the entrance to the home.