

# Willowmead Residential Home Ltd

# Linden House

## Inspection report

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Date of inspection visit:  
12 September 2019

Date of publication:  
05 November 2019

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

About the service:

Linden House is a residential care home providing personal care to 31 people at the time of the inspection. The service can support up to 32 people. People's rooms were situated over two floors and people had easy access to a lift to enable them to move freely between floors. People could move around freely accessing activities of their choosing. The service had three large lounges/sitting rooms and two dining rooms. There was also a well maintained outside space for people to access.

The service has undergone a period of refurbishment and redecoration which has received welcoming praise from people and relatives.

People's experience of using this service:

The service was extremely well-led by a management team who worked closely together to ensure people were at the heart of everything they did. The registered manager routinely went above and beyond to ensure people were well looked after, motivated and provided with innovative methods of care and support.

People told us they were happy living at Linden house. People consistently experienced good care because the service was well-led and organised. The provider's values were shared and practiced by staff who people often referred to as being like family members. One person told us, "They [staff] treat me so well, they do a wonderful job, and this really does feel like home to me." People had been included in the recent refurbishment works as management had obtained feedback and included people on design ideas. The registered manager told us they were designing the service for the people as this is their home and so involving them in the process was important. Staff felt valued at the service and had recently taken part in a staff appreciation week which also allowed people living at the service to give their thanks and support to staff.

People were supported by staff who promoted their independence as much as possible, and who were creative in their ways of achieving better outcomes for people. People and relatives told us staff were motivated to make a difference and that they made them feel inspired and gave them confidence to make the required changes.

People were provided with a variety of opportunities to participate in activities and events hosted by the service. People also had access to a variety of trips out into the community this included trips to do shopping, coffee shops or to visit a local school. The provider had recently staged a staff appreciation week which people were fully involved with and provided positive comments with regards to the care they receive from staff.

People and relatives told us they felt safe because of the quality of care they experienced. The provider took great care when recruiting new staff to ensure they met the values of the service. Staff understood and

practised their responsibilities to keep people safe from harm.

People were supported by staff who had the right skills and knowledge to provide care that met people's assessed needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives consistently told us that staff were kind and caring. Staff respected people, treated them with dignity and involved them in decisions about their care. People experienced continuity of care because they were supported by a core team of staff who understood their needs. This meant people experienced care and support that was responsive to their needs. People and relatives reported that they were very satisfied with the quality of care and support they experienced.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely, and staff maintained appropriate standards of hygiene and infection control. Staff supported people to maintain good health and worked effectively with any professionals involved in their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Good (February 2017)

Why we inspected:

This was a planned inspection based on our inspection process.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Linden House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Linden House is a 'care home'. People in care homes receive accommodation and nursing 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the registered manager sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection-

We spoke with five people who used the service and six relatives who acted on behalf of people using the service. We spoke with five staff members which included the registered manager and the regional manager and three other staff members. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at three staff files and records of team meetings. We also looked at medicines' management, accident and incident records, quality monitoring checks and audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with the care provided. One person said, "I do feel safe here." A relative said, "The staff are amazing, the home is secure and safe, so I don't worry about strangers walking in. The care is brilliant, I just know [my relative] is always safe."
- Staff received training in how to recognise the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm. One staff member said, "I would report anything I may see or hear that may have a negative impact on people."
- The provider had a safeguarding policy in place. Safeguarding matters had been appropriately reported to the local safeguarding teams.
- Information about whistleblowing was available to staff which meant they could report poor practice. Staff we spoke to although aware of the process stated they have never needed to report anything.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. Staff followed the risk assessments which supported the safe delivery of care. For example, people who were deemed at risk of falls had falls risk assessments in their care plans. One person who was at risk of choking had a risk assessment which was included within their care plan and held in the kitchen care plans for staff to be aware of. Our observations evidenced staff had good knowledge around the risk assessment and delivered their support in line with the recommendations.
- Risk assessments provided enough detail so staff could support people safely. Staff identified risks in relation to continence needs, pressure ulcer development and falling from bed. The risk assessments clearly defined each risk and the staff support to reduce these. For example, one person required bed rails and there was a risk assessment in place to ensure they were used safely.
- Staff had received training in fire safety and checks on fire equipment were carried out. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Staffing and recruitment

- There were enough suitably skilled and knowledgeable staff to meet people's needs. People and relatives told us there were enough staff to meet their needs. One person said, "There are plenty of staff, day and night." A relative said, "I always see plenty of staff around."
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.

- The home continued to benefit from a long-serving dedicated staff team who worked flexibly to meet people's needs. The registered manager ensured the home was always adequately staffed. This meant that no staff from agencies were used. Staff told us, "We work well together as a team and cover for each other when we need too." We observed that people received their care when needed or when then alerted staff.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take as required; for example, for pain management. There was guidance in place to support staff to know when this was needed.
- Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. We found the MARs we looked at had no unexplained gaps in them.

#### Preventing and controlling infection

- The home was exceptionally clean and fresh. Linden House had been ensuring the highest standards for the prevention and control of infection. One person told us, "The home is always so clean and tidy, it's a wonderful place to live." A relative told us, "Every time I visit the home it is extremely clean. The staff are doing a fantastic job of creating a lovely place for people to live. I am always impressed."
- This was achieved by a dedicated domestic team who felt empowered within the culture in the home to support quality outcomes in this area. We observed good infection control practices throughout the inspection.

#### Learning lessons when things go wrong

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. The registered and regional managers told us they are using an online monitoring system which included incidents and accidents, pressure ulcers and infections and will allow management to identify if there any trends or patterns.
- The registered manager told us they had learnt lessons around the management of medicines. This had been developed due to a report regarding a person's pain patches. It had been recognised staff had not always been sure when the pain patch had been applied. The registered manager developed a pain patch booklet which had all the relevant details to support staff in applying the patches. The result of this was this person had their own bespoke booklet created to manage their ongoing needs and all staff were aware of how best to utilise the information to support this person.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Since the last inspection the registered manager told us the deputy manager had dedicated their time to take on a piece of work around the MCA. The deputy manager had looked at all of the people living at Linden House to see where assessments were needed around people's capacity.
- People's capacity was assessed around specific decisions and people's best interests had been considered with regards to people's needs and on-going care. We saw evidence in people's care plans that the service had conducted assessments to determine if the person had capacity in areas such as eating and drinking, washing and dressing, communication and personal care. For example, one person had a capacity assessment in place for the use of bed rails. It was deemed this person had capacity to make their own decision and had consented to the use of bed rails.
- People had a DoLS application submitted where required and the registered manager had a process for chasing up referrals with the local authority. At the time of inspection nine people had a DoLS application submitted but had yet to be assessed by the local authority.
- Staff completed training in the MCA. Staff we spoke with understood the principles of the act and how they used these to support people with making their own choices, and decisions. One staff member said, "You just need to always make sure you have consent from people, and make sure that you are helping people make the right decisions if they lack capacity."
- In the care plans we reviewed we saw evidence that people had consented to their plan of care. Where people had a legal representative, we saw the service checked this person's authority to act on their behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment completed prior to living at Linden House. The assessment detailed what

people could do independently, required support with and when risks were identified, control measures were documented. Every area of need was considered from personal care and medicines support to nutrition and end of life care. Equipment was identified where required and people had expressed what tasks they wanted support with and when they wanted it provided.

Staff support: induction, training, skills and experience

- Staff received training that supported them to carry out their roles safely and effectively. Relatives consistently told us they felt staff were well trained. A relative told us, " Staff all seem very well versed in what they need to be doing and what their responsibilities are."
- Staff had completed training in areas relevant to people's individual needs such as person-centred care, safeguarding adults, pressure ulcer prevention and mental capacity to provide the care they required safely. We saw from records that all staff training was up to date.
- The registered manager had also booked an external trainer to attend and deliver training around dementia, advanced dementia and behaviours that challenge. This was to ensure staff had a consistent knowledge of people and their needs.
- The registered manager told us they regularly seek assistance from an external trainer who will come into the home and conduct observations with staff whilst also asking them questions in areas such as safeguarding, moving and handling and infection control. The registered manager also conducted regular supervisions and appraisals with staff to ensure they were able to be fully supported.
- Staff are provided with a care plan evaluation booklet as part of their keyworker and care plan training. This allowed the keyworker to personalise the care and support given to people they support based around their individual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Catering staff were aware of people's dietary needs and preferences. The cook was also aware of the different consistency of foods some people required to minimise the risk of choking. Catering staff told us care staff regularly updated them about people's changing needs and they also spoke with people about the quality of meals on offer.
- People had personal meal plans developed. The plans contained details on people's preferences and allergies and directly contributed to the meal choices.
- People who were on a fortified diet had an additional meal care plan around their needs. Staff recorded in the plans what had been given to each person on a daily basis. For example, it would state that full fat milk was used or butter on toast. These plans were reviewed on an ongoing basis by senior care staff.
- We observed staff at meal times following the guidance provided for people. Staff were directing each other as to which meals had been fortified and who they were for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. We saw in people's care plans that people were referred to occupational therapists, GP's, physiotherapists and also had input from district nurses.
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews and hospital staff to know about.
- We saw one person assessed by health professionals for swallowing risks and dietary needs. Following the assessment, the registered manager took the recommendations agreed during the assessment and wrote this up and shared it immediately with the staff team.
- An oral health assessment had been completed for each person.
- Staff felt people's health needs were managed well and were aware of signs of deteriorating health. A staff

member told us, "We know our residents well here and as we work well as a team we always highlight any concerns we might have when we feel something might not be right."

Adapting service, design, decoration to meet people's needs

- The registered manager had an on-going environmental improvement plan. The home had undergone a refurbishment and had a focus on making the environment dementia friendly. The registered manager told us of how proud they were of the refurbishment and how it had impacted positively on people.
- The home was well lit, and the freshly painted walls offered a sense of a comfortable space to live. The home was decorated with artwork created by people. For example, a quiet room was part of the refurbishment and people crafted the letters for the room's name which was mounted on the wall outside, people called it 'The Retreat'.
- People had been involved in the plans for the refurbishment. During residents' meetings it had been decided that people would like to choose a colour for their room doors. As a result, everyone's room doors were painted the colour they chose. People also had memory boxes outside their doors which increased the sense of this being their home. A relative told us, "The refurbishment of the home is excellent, they have done so much and I know [my relative] has really enjoyed seeing the changes."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they thought the staff were, "Excellent". A person told us, "The staff are great, they always look after me, if ever I have any trouble they are great, like yesterday I had a fall and they were so good, so helpful, really caring." One relative told us, "I always see the staff treat mum with dignity and I'm always made to feel welcome, and I sometimes come really early in the morning and it is no different, the home is so open and welcoming." Another relative told us, "I can't give the staff enough compliments, they are fantastic, caring and all very friendly people."
- Staff were attentive to people's needs and sought advice from relatives. A relative told us, "Staff will talk to me about the things they have tried for [my relative] and they are welcoming of suggestions that I make, nothing is ever too much trouble."
- The registered manager had developed a person-centred ethos within the service. Staff in all roles had an excellent knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, empathetic and caring. Staff used gentle touch and good eye contact when interacting with people. Speaking about the impact the relationships and treatment of people have created, the registered manager told us about one person who grew from doing nothing to getting involved in things within the home and socialising with people. This person would now come out of their room and no longer spent their days in bed.
- Staff knew people extremely well. Staff had ensured they knew people and had been given the time needed to build positive relationships with people and their families. A staff member told us, "I feel supported by my managers to be able to spend time with people and get to know who they are and what they like."
- People were supported to access religious services of their choice, both in the home and to visit places of worship. For example, the local vicar attended the home and undertook a service with singing and guitar playing which people had given feedback on and stated this is what they preferred. People were then also able to choose to take part in a holy communion. The registered manager also told us about an Islamic resident's room being set so their prayer mat is always facing the Quibla. This person's key worker is also Islamic and provides this person with an Islamic calendar yearly to know important dates.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions around their care. People had choice in when they got up and what they wanted to do during the day. A staff member told us, "I listen to what people tell me about how they would like to spend their time. I think it's important the support people the way they choose."
- People and relatives are involved in reviewing ongoing care. We saw in people's care plans they had

signed each time there was a review or change to their care provided. Where possible relatives also had an input into the ongoing reviews. A relative told us, "I like to be involved in [my relatives] reviews or if there are any changes taking place. I have found that management and staff have been excellent in including me and keeping me updated."

- People had been involved in the recruitment of care staff. People had been encouraged and supported to participate in the interview process. During the interview people could ask questions to the interviewee. This enabled people to ask key questions about things that were important to them

Respecting and promoting people's privacy, dignity and independence

- Staff were kind, friendly and respectful in their approach to people. As staff went about their daily tasks, there was a constant welcoming feeling between people and the staff, creating a sense of community.
- Relatives told us they felt staff put people at ease and made it comfortable when delivering personal care. A relative said, "They always treat [my relative] with the utmost respect and dignity, and I know [my relative] can be difficult, but I really appreciate how they support her."
- Staff encouraged people to do as much as possible for themselves to support people to maintain independence. A relative gave an example saying, "I have seen staff taking time with people to encourage them to do things such as walk or get a drink by themselves. I think staff do maintain people's independence." Other relatives told us sometimes their relative chose to wash and dress themselves but knew they could ask staff for assistance if they needed to.
- The service had achieved good outcomes for people in promoting their independence. The registered manager told us they supported a person who had been asking to pay for her breakfast like she used to at home when she looked after and took her family out. Staff organised for some money to be put into this person's pocket so she could have the sense of paying. The registered manager told us, "This meant so much to [resident] and allowed her to bring back some nice memories whilst also allowing her to remain independent in what she wanted to do."
- The registered manager told us about a person who was living with dementia. They had developed signs with this person's name on to indicate to them where their room was so they could still actively walk there themselves.
- The provider had identified a member of staff as a dignity champion. The champion works with staff and people to promote and support dignity within the home. They also held supervisions with staff to ensure the ten points of dignity are upheld and sought any recommendations for improvements from staff.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained detailed guidance for staff on how to meet people's individual needs. The plans were person centred, referring to people's preferences on how they wished for their care to be provided. These included how they communicated, made decisions, and accessed activities of interest and therapies that benefited their health and wellbeing.
- People were supported with specific personalised care needs. The registered manager told us about one person who lived with Parkinsons. This person's health had declined and they were not themselves and losing weight. The registered manager organised for a review with the GP and the SALT team and her medication was reviewed. It was decided to change their medication to pain patches and since then their whole persona has improved, they are happier, smiling all the time and her weight has been maintained.
- The registered manager told us about another person who's life had improved. This person had come into Linden House and didn't want to any personal care and was unhappy. Staff worked with this person on one small thing at a time to gently encourage them to build confidence. The result was that this person now engaged and interacted with staff and other people in the service. Their confidence had been restored and the family were happy with the changes. A relative told us, "[Their family member] was in a bad state mentally, there is an improvement week by week. Now [my relative] is not frightened, which is so nice to see, as it is really difficult for [my relative] to trust people, open up to people and not be frightened of people."
- The registered manager told us about a person who had received personalised physiotherapy. Staff had worked alongside community physiotherapists to develop a plan of support for this person. The plan included exercises and prompts to encourage them to keep active in order to regain strength back in their legs. As a result this persons mobility increased and they were able to walk free of any aids.'
- People were supported to engage and maintain relationships with family and friends. Linden House had an open-door policy to family and friends. A relative told us, "I can visit whenever I want, there are no restrictions and when I do visit I am welcomed and made a cup of tea. Time with [my relative] is so important and all the staff ensure that I am able to have that."
- Staff ensured that people were supported to take part in activities or access the community when they wanted to. The activities coordinator planned and delivered a wide variety of activities for people such as bingo, skittles, quizzes, gardening and dancing. The activities were displayed around the home in word and picture format for people to know what was going on.
- The registered manager booked people to come into the service to deliver activities. For example, arts and crafts sessions with people and the art created had been used to decorate the service. Alongside this an opera singer attends for music sessions and a person attends the service with samples of body lotions, bath creams and other similar products which people could try and buy.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained guidance for staff about how to meet people's communication needs. They detailed how each person liked to communicate such as verbal or nonverbal.
- The provider had in place for some people individual ways to communicate with people. For example, for one person who spoke a different language had a communications book with them which contained pictures and both the other language and English text to help this person communicate with staff.
- People who did not have English as a first language were supported by staff members to communicate in their mother tongue. Some staff at Linden House were able to other languages. This assisted people who were also able to speak these languages as a first language and allowed them some sense of remembering their past life.
- People had been able to choose who they wished to support them as a keyworker. In addition people had the names and photo's of their keyworkers on the back of their room doors in a large format which made it visually big enough for people to read.

### Improving care quality in response to complaints or concerns

- People were provided with information about how they could raise concerns or make a complaint. Complaints received had been dealt with in a timely manner and reached a satisfactory conclusion.
- When people had raised concerns the provider acted quickly to alleviate people's worries. There had been one complaint in the past 12 months and this had been dealt with by the service with a satisfactory conclusion and some learning outcomes achieved around pain management.

### End of life care and support

- At the time of this inspection no one was receiving end of life care. People's care plans did have an end of life section around their wishes, what would be important to them and family they would want to be told. The registered manager told us that this would be revisited with people with a view to completing new end of life plans for every person.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, deputy manager and regional manager promoted an extremely open and positive culture within the service. They reached out to people and their relatives who made decisions about the service such as planning of events, choosing the furniture and refurbishment. People and relatives were very proud of this and spoke with a real sense of ownership of their home. This type of engagement with people was a great example of how the registered manager has put valuing people at the core of service delivery. A person told us, "I like what they have done with the building, it was nice to be included with what was happening and we were even able to ask for things that we wanted." A relative told us, "I know [my relative] was able to speak about their views on the changes and decoration. I know they can't cater for every request, but it was nice that the option was there to talk about them."
- Staff were very proud of the quality of care they had achieved and felt empowered to suggest new ideas and changes to care approaches. Examples of this were exercise classes for people and spiritual support from the vicar based on feedback staff had obtained from people. There was a strong sense of respect towards everyone and staff told us teamwork was 'excellent'. All staff told us how much they loved working at the service and how 'fantastic' everything was. One staff told us, "I love my job. I like to look after people, always remember they're like our relations. It is so important to look after them the best you can and love them and treat them as your own family members."
- People and relatives we spoke with knew the registered manager very well they as they were always at the home. One person told us, "You always see them [the registered manager and deputy manager] around the home. They always have time for me and everyone else." A relative told us, "[The registered manager] is very good, very responsive to me if I raise any concerns or ideas for [my relatives] care." Another relative said, "Everyone knows [the registered manager] she is always walking around, mucking in. I know that both the manager and the deputy have helped [my relative] with personal care in the past. It's just nice to know that the management really know the residents as well." Staff spoken with were positive about the leadership of the home. One staff member told us, "[The registered manager] is really approachable, kind, good with advice."
- The registered manager had been creative during the refurbishment process to plan ahead for people. As part of the refurbishment the registered manager had created an area which was used for socialising and reminiscing. In this area the registered manager had in her own time picked up pictures and items which represented the different parts of the world that people had come from. This was recognised by relatives as a positive impact for people. One relative told us, "Just after [my relative] moved in they put up a picture of Malta, which I thought was a really nice touch."

- People and relatives were very positive about living in the home. One person said, "They do everything well, I have no complaints." A relative said, it's a great place, my husband and I are happy. The staff are always so smiley. Lots of activities. BBQs, art classes, singers. Family members encouraged to come to events. I actually recommended this place to one of my friend's. Really inclusive, they'll make room for me at the table at breakfast. I honestly can't think of anything I am unhappy with."
- The registered manager told us they were in the process of setting up a wish tree for people. This would enable people to place a wish on a tree for something personal to them or a goal they would like to achieve. The registered manager said this was still in the early days of development but it had started to be put into practice. For example, one person who has a strong interest in Chelsea Football Club was taken to see Chelsea legends as this was what they had requested. A person commented, "This was the best night ever and I really enjoyed myself." A relative told us, "I thought it was a lovely touch taking [my relative] to the Chelsea legends, [my relative] had a fabulous time and really enjoyed it." The registered manager said they wanted to make these dreams come true for everyone at Linden House in the coming weeks and months.

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

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate. A relative told us, "They do keep me updated of any changes or appointments booked, I have full confidence they would let me know if anything happened to [my relative]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team all had a very good understanding of their roles and the latest best practice. For example, guidelines on good oral healthcare and how to best promote and manage healthy eating and diets.
- There were robust audit processes in place within the service. The registered manager conducted monthly internal audits in areas such as care plans, infection control, safeguarding, medicines, health and safety and training which were then fed back to the regional manager. The regional manager would then complete a quality monitoring report which sampled the audits supplied by the registered manager. An action plan would then be completed by the regional manager for any areas that required attention. From our observations these actions were always completed within a timely manner. The regional manager told us, "The actions don't tend to hang about long as [the registered manager] ensures that she completes the actions very quickly."
- The whole staff team were involved in assessing quality of the service and giving feedback on areas for improvement. The registered manager gave ownership of audits to staff members to complete. For example, a member of staff completed the most recent infection control audit and suggested that the outside area required cleaning more often. This was put in place by the registered manager and included on the infection control audit process to ensure it is being completed. This empowered staff to learn a new skill in auditing and also have a say in any changes or developments.
- Alongside the audits mentioned above the Provider also sought out external support to ensure quality was maintained. The provider commissioned a six-monthly independent audit (Impact Assessment). They would review the whole service and cross reference with company policy and legislation. The regional manager told us that the registered manager had maintained a green status through this Impact assessment process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sought views through satisfaction surveys sent to people and their families annually. Some of the feedback from the most recent survey included. "The care home has undergone extensive redecoration which has made a vast improvement." "The staff are very caring and professional, and my friend is very well looked after." "The staff already work exceptionally hard to keep the residents happy and looked after so I can't think of any improvements."
- Regular team meetings were held for staff to share their views about the service. We saw that in these meetings staff were able to discuss peoples ongoing care needs, service changes, policy updates and offer up any suggestions on improving peoples care.
- People were also able to attend regular residents' meetings held within the home. During the most recent meetings people have discussed the refurbishment work and given feedback on ideas during the refurbishment. For example, people wanted a quiet room and they also wanted to name the room. This was listened to by management and people were provided with what they had asked for.
- The provider gave a high priority to communication and kept people informed. The provider distributed a monthly newsletter to people and staff with news about developments within the organisation and focussing on promoting people and involving them in the articles and also promoting good work and achievements by staff.
- The provider valued their staff in a number of ways. The registered manager told us the support she received from the regional manager and provider is fantastic. A recent initiative led by the provider for all their services was a staff appreciation week. The registered manager told us they were given an open budget to organise one for Linden House. The whole week consisted of a special event each day such as long service awards and lunch, Nando's style BBQ and a culture day. As part of this week the registered manager introduced a staff recognition board where people could leave comments for staff. The registered manager also handed out personalised cards for all staff to say thank you for their hard work. A staff member told us, "It's really good, this is what makes it feel like a home, people have been able to show their appreciation for what we [staff] do. It was a great time, a whole week dedicated to us [staff]."

Continuous learning and improving care; Working in partnership with others

- The registered manager along with the management team actively sought to seek personal and team development to ensure continuous learning. The registered manager attended conferences and managers' meetings to share ideas and best practice.
- The registered manager and deputy manager had set up links between people and the local community. A link has been created with two local schools. One with a local infant school and residents are invited to attend their fetes and events. At the Easter parade residents were involved in judging the Easter bonnet competition and handed out awards. The children also attend the home and recently provided a concert to people.
- There was also a link with a local high school. Students had attended the service to do work experience and build relationships with people. The registered manager attends the school to give talks about potential future careers in care.
- The registered manager organised for the local MP to visit the home after the refurbishment. A quote from the MP stated, "I was delighted to accept the invitation to Linden House. It was wonderful to speak with the residents and staff and the refurbishments looks fantastic."
- The registered manager talked about plans for the future. The registered manager told us they had linked in with a local café to set up a dementia café. This involved people from the service attending and talking to members of the public to raise awareness around dementia. Another topic for future development is a link with a local food provider. A previous carer who had set up their own business. They attended the service and brought in samples of food for people to try and offer feedback on.

