

Linden House Residential Home Ltd

# Linden House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Linden House Care Home is a residential care home providing accommodation and personal care for up to 63 people. There was 44 people living in the service at the time of the inspection. The service accommodates people across two separate units, each of which has separate facilities both with access to a large lounge and dining area. All bedrooms were of single occupancy and 47 of these had ensuite facilities.

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

The service was clean, tidy and people had access to PPE to protect them from infection risks. The registered manager confirmed supplies were made available to staff around the service. Policies and guidance was in place to support the risks associated with COVID-19. However, more up to date information was available. People and relatives could not confirm face to face visits were taking place and they had not been told about the current outbreak. Some people and staff told us the staffing numbers was a concern. The provider confirmed they would review the dependency tool as soon as possible to ensure staffing numbers reflected people's needs.

Systems were in place to deal with abuse allegations, and most people told us they felt safe. Risks were assessed and managed. Records had been completed in relation to incidents and accidents. However, one incident had not been reported to the management. We found medicines were managed safely across the home. Staff did not have access to guidance for the management of thickeners and thickeners were not stored safely. The registered manager took actions to ensure thickeners were stored safely and that guidance was available for the staff team.

Some people feedback that reviews by professionals were taking place. Staff had received training to support them in their role and most people, relatives and staff confirmed they were confident in their skills.

Most people were happy with the meals provided, and we saw people being offered choices during the inspection. The feedback was that sometimes there was a delay in people having breakfast due to support for them to rise. There was an ongoing refurbishment in the service and the provider confirmed they would ensure the refurbishment plan was detailed as to the improvements in the service. 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.

The feedback was that people on the whole received good care and were treated with dignity, respect and their diverse needs were considered. People had access to communal areas however, these were not always monitored by the staff team. The registered manager confirmed that they would ensure all staff responded to people's needs in a timely manner to prevent delays to people's care. Care records contained information about their likes, choice and needs.

We received feedback that activities had not been consistent since the pandemic, the provider said they

were in the process of advertising for an activities co-ordinator. Care records contained detailed information to support the care delivery to people. People's end of life care needs were supported. Complaints were managed and staff knew what to do in response to complaints.

The management and staff were supportive of the inspection and provided information requested. People were in the main positive about the registered manager. Some staff told us morale was poor at present. Regular audits were being undertaken on a range of areas. The provider confirmed some notifications had been submitted to the Care Quality Commission retrospectively. The service acted when things went wrong. Some people told us they were asked for their views, we saw feedback from surveys on display, team meetings were taking place.

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 the service was requires improvement (published 8 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At our last inspection we recommended that the provider and registered manager revise oversight practices and look at implementing effective checks based on best practice and current guidance. At this inspection we found improvements had been made in relation to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of the findings from this inspection, there was an ongoing breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Why we inspected

This was a planned inspection based on the previous ratings

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Enforcement and Recommendations

We have identified an ongoing breach in relation to regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection.

Please see the action we have told the provider to take at the end of this report.

We made recommendations in relation to, ensuring there are sufficient amounts of staff to meet people's needs. Also that action is taken to ensure infection prevention and control measures are in place and managed safely. As well as ensuring staff have up to date guidance to understand how to manage thickeners and that thickeners are stored safely.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Linden House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors, one pharmacist inspector and one Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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 looked at information we held about the service. This included feedback, complaints and concerns, as

well as statutory notifications which the provider is required to send to us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We checked whether an enter and view inspection had been undertaken by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

During the inspection we undertook observations in the communal areas. We spoke with four people who used the service and four relatives over the telephone, as well as two people during the inspection. We spoke with 11 staff members. These included, a hostess, laundry assistant, care plan co-ordinator, five care staff, the cook, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from five professionals about their experiences of the service. We also looked at the care records for five people, four staff files, medication records, duty rotas and records relating to the operation and management of the service.

#### After the inspection

We continued to receive information and feedback from the registered manager and nominated individual to support the inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practices had been followed and, appropriate checks into staff's history had been carried out thoroughly. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 (1).

- Staff were recruited safely. Safe systems of staff recruitment were in place. All required checks had been undertaken prior to people commencing employment. Staff told us they had been recruited safely.
- Staffing numbers were not always sufficient. Not all people or relatives could confirm there was always enough staff to support them. Comments included, "They don't always come when I press the buzzer though, because there are few staff and too many people. They can get very busy." However, others told us, "Staff members are always there when we need them. There are some regular carers (staff) who are off with covid at the moment. They get agency staff in to cover" and, "There's always staff to hand." Some people told us breakfast was later due to them rising later as they waited for support from staff.
- Staff said, "There are not enough staff. The home, (Linden House Care Home) is struggling because of the shortage of staff. They have started using agency staff. Staff morale is low at the moment. All staff are very tired due to the amount of work and pressures of work, mainly due to Covid" and, "There are not enough staff. Six staff are off work with COVID-19. The home (service) are struggling because of the shortage of staff. They have started using agency staff, the management are doing what they can." Some staff members raised some concerns in relation to the staffing numbers on night duty. The provider confirmed they would take action to develop the dependency tool to ensure the required staff were in place to meet people's needs.

We recommend the provider considers current guidance, and ensures enough staff are available to support the needs of people and, take action to update their practice accordingly.

- We checked the duty rotas and saw evidence of staff allocation to shifts and amendments made, where required. There was a COVID-19 outbreak at the time of the inspection, whilst some staffing pressures had been identified the provider told us people were receiving the care and support according to their needs.
- The registered manager told us there was enough staff to meet people's needs they said they were using regular agency staff to cover gaps in shifts, and that recruitment was ongoing.

### Preventing and controlling infection

- We were somewhat assured the service was using PPE effectively and safely. There was some evidence of



PPE available in some areas of the service. However, not all areas had been restocked to ensure staff and visitors had access to all items of PPE freely. Supplies were replenished safely during the inspection, and the nominated individual told us they had purchased new dispensers for PPE. We observed some staff were not always wearing their masks in line with guidance. The registered manager told us they would take immediate action to ensure all staff are reminded about wearing PPE appropriately and, monitor staff whilst on duty.

- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. Not all relatives had been informed about the recent outbreak. Audits and monitoring of the service was ongoing, with actions recorded. Where these were brief the registered manager confirmed they would ensure information is detailed to support improvements. Relevant risk assessments had been completed including, where people were at high risk of COVID-19. There was some information and guidance available to ensure people and staff had information to manage outbreaks. Not all staff had completed the COVID-19 screening record at the entrance to the service however we saw evidence that staff COVID-19 testing was being undertaken.
- We were somewhat assured the provider's infection prevention and control policy was up to date. Policy and guidance was in place however, this was dated December 2021. The nominated individual confirmed they would take immediate action to ensure it reflected current up to date guidance.
- Visiting in care homes. People and relatives consistently feedback that they were unable to visit and access the service unless this was via pod or window visits. One person raised concerns that their family member was unable to communicate effectively with them. Another told us, "I don't like living here because I can only see my family through a screen." Relatives had little knowledge of essential care giver status. The registered manager told us they would take immediate actions to ensure all relatives or, people's nominated representatives were provided with information in relation to visiting the service, in line with guidance. However, one relative said, "They have always kept me informed during the COVID-19 pandemic and, they let me know when the lockdowns had finished. They have always phoned to say what was happening and when visiting was possible."

We recommend the provider access nationally recognised guidance to ensure infection prevention and control is monitored and managed safely, to protect people from the risk of COVID-19 and, take action to update their practice accordingly.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was meeting shielding and social distancing rules. The registered manager told us people who had tested positive for COVID-19 during the inspection had been isolating in their rooms and, staff had been advised to isolate at home if they had received a positive COVID-19 result.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.

#### Using medicines safely

- Medicines were managed safely in the service.
- Guides for staff to add thickener powder to drinks for people who had swallowing difficulties were not seen. Staff did not record how much thickener had been added to drinks and, the powder was not stored securely. We spoke with the registered manager and the thickener was immediately secured. They provided assurances that guidance and information would be provided to all of the staff team following the inspection and training in dysphagia undertaken. We received confirmation from the registered manager that information was being shared with the staff team and training dates planned.

We recommend the provider seeks nationally recognised guidance to ensure staff understand how to manage thickeners safely and, take action to update their practice accordingly.

- Most people had clear instructions how medicines should be administered, which took account of people's preferences. Records showed that medicines were given at the right time and, when required medicines were recorded accurately.
- Medicines were generally stored securely, and we saw evidence of regular checks by staff. Monthly audits were seen for each unit, and any issues found had been addressed.
- Training records demonstrated staff had been trained, assessed, and were competent to administer medicines safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed. Lessons were learned.
- Risks to individuals and staff were identified and well managed. Care records had been developed to support and guide care delivery to people.
- Records were kept of accidents and incidents, and where needed action was taken to mitigate future risk. The registered manager monitored these and, identified any lessons that could be learned to prevent future occurrences. However, we noted an incident in one person's record which had not been reported to the management. The registered manager took immediate action to investigate the incident, to ensure the persons care records included up to date information about meeting their needs.
- The nominated individual confirmed they had made improvements to the incident and accident records to include information about when referrals had been made. This would support monitoring and the reduction of risks to people.
- Fire safety checks, reviews and assessments had been completed and personal emergency evacuation plans were in place. The registered manager confirmed they had addressed all of the recommendations made following the most recent fire safety review.
- Regular servicing and checks had been undertaken on the environment and equipment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. Most people and relatives told us they felt safe in the service. Comments included, "I feel 100% safe here" and, "I've got no safeguarding concerns here. I feel very safe because there's always company around." Professionals raised no safeguarding concerns.
- Staff had received safeguarding training. One staff member told us the actions they would take if they suspected abuse. There were policies and guidance in place to support staff in dealing with allegations of abuse.
- Safeguarding records had been completed and the actions recorded. However, not all notifications had been submitted to CQC in a timely manner. The registered manager ensured these had been submitted following the day of the inspection.

# 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 our last inspection this key question was requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People in the main were supported to access healthcare services, professionals and support.
- Most people told us the service sought advice and made referrals to professionals in a timely manner. Comments included, "My health is very good here, which is a really positive thing", "They refer me to professionals when I need it" and, "I'm happy that my health care needs are being well met here." However, one relative told us about a delay in receiving support with their family member's needs.
- The registered manager and nominated individual provided copies of the policies and guidance for emergencies and supporting health care needs. They told us they would ensure all staff had the knowledge, skills and guidance to act on concerns and referrals to relevant professionals were made in a timely manner.
- We saw evidence in people's care records that referrals had been made to professionals and reviews had taken place.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team. Most people and relatives raised no concerns about the skills of the staff team. However, some people said some of the staff were not as skilled as others. They said, "Staff members are competent and efficient. I know all of the staff" and, "The care workers (staff) are good and know what they're doing." Another told us, "Some of the staff are not as skilled as others."
- Staff told us that training is mandatory and, that enough is provided to help them to do their job. One said that, "Enough training is provided."
- Staff received training to support them in their roles. Records to confirm the training completed was seen, along with a training matrix covering the topics. Supervision records confirmed these were taking place. This would ensure staff were able to discuss any concerns and be provided with support and opportunities for development.

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

- People were supported to eat and drink.
- Most people told us they liked the meals provided to them. Comments included, "No complaints about meals, I am able to get what I want", "He now eats good food at the table in the home" and, "The mealtimes are always a long wait. The food is tasty." However, one person told us their likes and choices were not considered.
- The cook was aware of people's nutritional needs, likes and dislikes, and there was information in relation to alternative menus such as vegetarian and halal options if people chose.

- We observed people being asked for their of choice meal during the day. We observed people eating their meals.
- Records detailed people's likes, dislikes and things staff that could try to encourage them to eat well. Weight files to record people's weights had been developed for each unit. We noted the records had not always consistently been completed by the staff, and that they would benefit from information to include any weight loss or gain. However, we saw that electronic records contained information relating to this. Staff understood what action to take if concerns about someone's weight was identified.

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

- The service, design and decoration supported people's individual needs. We noted some areas required improving such as; paint chipped in corridors and one floor covering that required replacing in one person's bedroom. The nominated individual confirmed the date that this was planned to be changed.
- There was ongoing refurbishment taking place and the nominated individual provided a copy of the plan to monitor the work. However, we noted it was brief and required more details to verify the plans going forward. The nominated individual confirmed they would take immediate action to ensure the record was up to date and detailed. People confirmed improvements were ongoing in the service.
- All areas were accessible to people and visitors and on one level. There was access to both units via the communal lounge. Whilst this promoted people's ability to access all areas, there was a large number of items, activities and toys stored on shelving in the communal lounge which may pose an individual risk to some people. The registered manager confirmed they would ensure detailed risk assessments in relation to these items would be completed as soon as possible.
- Bedrooms were decorated with people's own possessions and a range of tactile fiddle boards were on display in the corridors. People told us, "I picked my own bedding from the supply here. It is white with pink butterflies and I have matching pink pillowcases", "I've got my own pictures in my room and I can see the garden from my window" and, "My room is big enough. There's a toilet, wardrobe, bed and TV in here. I have a photo of my [family member] on the wall too."

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were protected from unlawful restrictions and consent had been considered.
- People, and where appropriate those who were important to them, were involved in decisions about their care.
- People told us they were mostly asked for consent from staff. They told us, "The staff always asks for my consent when delivering care" and, "They always knock and ask permission before entering and ask me for consent." However, one person told us, "The staff don't always ask for my consent. It depends on who it is." We saw consent agreements in the care records we looked at.
- We observed staff knocking on people's doors and waiting to be invited in.

- Relevant DoLS applications and assessments had been completed. The registered manager confirmed they had undertaken reviews of capacity assessments to be more streamlined. Staff had completed training in relation MCA and DoLS.

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

- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff.

# 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 our last inspection this key question was requires improvement. At this inspection the rating has changed to good. 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's independence and diverse needs was mostly respected. Most people told us the staff team were compassionate and caring. Comments included, "They are compassionate people. [Names of three staff] are very caring", "I'm definitely listened to in the home and I feel well supported" and, "This home has given [person] a new lease of life." However, others told us, "The care workers (Staff) don't really understand how I feel because all I hear is that they're okay and I feel that I'm fobbed off by them" and, "I don't feel that I am treated with dignity and respect."
- Professionals told us that Linden House Care Home was much improved and people looked happier and cleaner. One said, "[I was] happy with the way staff were interacting with residents and all were undertaking various tasks."
- We received feedback about the timeliness of meeting individual needs for one person. The registered manager provided assurances that they would take action to ensure staff responded in a timely manner. Most relatives told us they thought it was a good place for people to live.
- Care was provided to people, and we observed kind interactions between staff and people, and buzzers were answered during the inspection. However, we noted the communal areas of the service were left unsupervised by staff for a few minutes at times, and little communication was taking place between staff and people. This meant people's needs may not be acted upon in a timely manner. One staff member told us it was not always possible to have a staff member in the communal areas. The registered manager confirmed they would undertake observations and take action to ensure staff were responding to people's needs in an appropriate and timely way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy, dignity and their independence promoted.
- People said, "They treat me well and with dignity and respect" and, "I think that having my own key to unlock and lock my door is excellent. It's allowing for privacy and all my things are safe in here."
- One person told us they had not been provided with a key to lock their door. Where people were able, the registered manager told us they were provided with keys to lock their bedrooms and that staff were able to access them in the event of an emergency.
- A professional told us, "The residents who I have treated all seem to be well looked after and their wishes respected."
- Care records gave good detail of what people could do for themselves, and how staff could promote people's independence and reflected and respected peoples preferences and diversity

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

- People were involved in decisions about their care.
- Most people and relatives told us they were involved in decisions about their care. They said, "I have been included in decisions about my care", "I can make an appointment to see one of the staff to discuss my [person's] health changes, unless there's a lockdown" and, "I feel that I owe this home [persons] life."
- The service had developed a pictorial card in all people's bedrooms, which supported and guided staff to people's decisions about their choices. We saw some of these had not been completed. The registered manager told us all of these had been checked and updated to detail people's choice and needs.
- Information relating to advocacy services and how to access them was available. We saw evidence where one person had been supported by an advocate to make important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

# Is the service responsive?

## Our findings

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

At our last inspection this key question was requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were sometimes supported to avoid social isolation.
- We received mixed feedback about activities provided. People told us, "They've helped me back into my creative side as well. I make cards and paint here", "In fine weather, I can go outside to do some weeding and painting with the handyman, which I really love. It's a home from home here", "There haven't been any outings to give variety and stimulation to the day. I don't know about any activities that went on during the lockdowns" and, "The activities stopped during covid, which wasn't good." The provider told us they were in the process of recruiting for an activities co-ordinator, so that the activities programme would improve for people.
- There was an activities board in the communal area however, it had been removed from the wall. The registered manager told us they had purchased a new board and was waiting for it to be installed. We observed a singer on the day of the inspection and individual activities in the hairdressers area taking place. Records of activities being undertaken were noted. These included, music and movement, films, singer entertainer and quiz.
- WIFI was available, people were supported to use electronic devices to communicate with family and friends. Care records and monitoring the service was completed electronically.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments of people's current needs had been completed.
- Some people and relatives told us they had been involved in the development and reviews of their care plans. They said, "Staff discuss my care with me", "I have signed my care plan, and seen it, they go through my needs as they change" and, "[Person] has got a care plan but I haven't seen it." However, others told us, "I haven't seen my care plan and it hasn't been discussed with me as far as I'm aware" and, "I don't think I've been involved in decisions about my care."
- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff. Records were person centred, and covered people's identified needs and preferences. Daily records contained information about the care people received and information required to support people's individual needs.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records identified advanced decisions about resuscitation, so these could be found easily if needed.
- Staff had received training in end of life care. This would ensure people received appropriate care at the



end of their life. Visiting from relatives was ongoing and supported for people at the end of life during the COVID-19 pandemic.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported.
- Care files contained information about people's individual communication needs. However, a relative told us that staff did not always ensure batteries were working in their family members hearing aid. The registered manager confirmed they would ensure that all people had access to working aids to support their communication needs. We observed people wearing glasses during the inspection.
- People had access to a call bell system to summon help from staff as they needed.

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

- Complaints and concerns were responded to.
- People and relatives told us they knew how to raise any concerns. They said, "I would speak with [staff member] if I had any concerns or if I needed to complain. I can have my say in here" and, "I would speak to staff if I needed to complain." One person told us, "I would recommend this home because it is homely and warm, there's good food and my [persons] needs are well met there."
- Staff told us the procedure to take in response to concerns or complaints. One said, "Formal complaints would be reported to the senior on duty and the management team."
- Records had been completed in relation to complaints received, and the actions taken as a result of the complaint. Where a family member raised some concerns with us the registered manager took immediate action to meet with them and discuss their concerns. Policies and guidance were available to support appropriate actions were taken in relation to complaints and concerns.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to understand quality performance and their regulatory responsibility. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- During this inspection we identified concerns in the safe section of the report. We made recommendations in relation to ensuring sufficient numbers of staff were in place to support people's individual needs. We also made a recommendation in relation to ensuring infection prevention and control was monitored and managed safely, to protect people from the risk of COVID-19. And we made a recommendation in relation to ensuring thickeners were stored safely and that guidance was available for the staff to manage thickeners safely.
- Certificates of registration and the ratings from the last inspection were on display in the entrance to the service, as well as their employers liability insurance certificate. We noted the employers liability certificate on display was out of date. The nominated individual immediately replaced this with the most current certificate.
- Whilst some notifications had been submitted to CQC, not all had been submitted in a timely manner. We discussed this with the provider who confirmed these were sent following the inspection.

Whilst no harm had occurred the findings at this inspection identified systems or processes were not operated effectively to ensure compliance with the requirements. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection.

- All staff members were supportive of the inspection process, and the requests for information was provided to the inspection team on the day, as well as following the inspection.
- Staff feedback was mixed about the morale in the service. They told us, "Staff morale is good and staff get on well with each other" and, "Staff morale is up and down. All staff are very tired due to the amount of work and pressures of work." However, other staff said, "I am well supported by the management team, and the

manager is approachable. I have a good relationship with the manager, but some staff don't" and, "The management of the home has improved in the last two years. They are more approachable and understanding." The nominated individual told us that the registered manager had made a positive impact, and improvements in the service.

- The registered manager and the staff team were clear about their roles.
- We received mainly positive feedback about the registered manager and the staff team. People told us, "The manager, is very approachable", "There have never been any issues with any of the staff. They are all polite and have never dodged a question. They have always been helpful and ready to answer any queries that I may have had" and, "The manager is pleasant and easy to talk with. She regularly walks around the home too." However, one said, "[Registered manager] is the manager. I've not spoken to her much, and I don't really know her.
- Regular audits and monitoring of the service was ongoing. The records included information about the findings and the actions to be taken. The nominated individual regularly visited the service and the registered manager told us they felt supported by the senior team.

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

- The service acted when things went wrong and understood their responsibilities.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- Records confirmed the registered manager and provider understood and acted on their duty of candour. Complaints records included the actions taken when things went wrong.
- We saw the rating from the last inspection was displayed on the providers website and in the service.

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

- People and staff were sometimes engaged and involved.
- People and relatives they sometimes asked for their views. They said, "They listen to me here", "I've never received any questionnaires or attended meetings there, but then my [person who used the service] is capable of attending to these themselves" and, "They have residents meetings but they need to be more often. I have done a questionnaire." Evidence of feedback from surveys and questionnaires was on display in the entrance to the service. These had been completed recently and included brief comments about the findings. We discussed this with the provider who confirmed they would take action to ensure more detailed information was recorded to support improvements.
- Staff told us team meetings were taking place. Records of team and resident meeting minutes were seen, which included the dates of these and the topics discussed. One person told us, "We have monthly meetings and we can ask questions." Staff told us, "Staff meetings are held, but there hasn't been one for a while due to COVID-19. They have general staff meetings, as well as meetings for senior staff and residents and relatives."
- There was a service user guide which gave information to people and their relatives about what they could expect from the service. Newsletters had been developed to share information about the service however, this had not been done recently. One person told us, "I've not received any newsletters to let us know what's happening in the home."

Continuous learning and improving care

- Continuous learning and improving care was considered.
- A range of information was on display, and policies and procedures were available to the staff team to support the delivery of care to people. Records of spot checks undertaken by the management to monitor

the delivery of care was seen.

- People and relatives told us, "I would recommend it because they look after us here", "When I arrived, I didn't want to stay but [staff member] helped me to feel comfortable and then I was happy to stay here" and, "It's an amazing home with an amazing staff. I hold my hand up to them. They've been brilliant."

Working in partnership with others

- There was evidence in people's records of a variety of professionals, working in partnership with them. People told us reviews by professionals took place. One said, "They refer me to professionals when I need it. The home has put me in touch with [name of professional service]."
- Professionals confirmed they had been involved in people's care needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems or processes were operated effectively to ensure compliance with the requirements. This placed people at risk of harm.  17 (1)