



## Inspection Report on

Lindan House Care Home Ltd

**LINDAN HOUSE RESIDENTIAL HOME  
PERCY ROAD  
WREXHAM  
LL13 7EA**

## Date Inspection Completed

13/01/2020

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## **Description of the service**

Lindan House is registered with Care Inspectorate Wales, (CIW), to provide accommodation and personal care for up to 21 people who have a diagnosis of dementia/mental infirmity. The registered provider is Lindan House Care Home Ltd and the responsible individual is Janet Bailey. There is a manager in post who is registered with Social Care Wales (SCW)

## **Summary of our findings**

### **1. Overall assessment**

People living at Lindan House Care Home and their relatives are extremely happy with the service provided. Individuals health needs are understood by staff, timely referrals are made to seek appropriate advice and guidance when needed. The home is supported by a range of visiting health and social care professionals to help ensure people receive the care they need to remain as healthy as possible. Lindan House Care Home is well maintained and homely which impacts positively on people's well-being. Appropriate oversight by management is in place, which ensures monitoring is effective in addressing any issues or concerns in a timely manner. There was some processes in the care home that would benefit from improvement. The views of relatives and professionals are considered for the continued development and improvement of the service.

### **2. Improvements**

This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section five sets out recommendations to improve the service. These include:

- Covert medication practices
- PEEP forms
- Wardrobes to be secured to walls to prevent injury
- Staff training and records
- Updating complaints policy to ensure this is in line with current guidance and regulations.

# 1. Well-being

## Our findings

The provider ensures people get the right care and support, as early as possible so they are healthy and active and do things to keep people healthy. We saw evidence that people were supported to see a range of health care professionals in a timely manner with a clear outcome documented in the care notes. One visiting professional commented that the home provided “*very person centred care*” and staff confirmed they had a good working relationships with professionals. One professional commented the “*home works closely with health services*”. We found personal plans were being reviewed regularly however, they lacked person centred information and focus on outcomes. We observed that without written information staff knew people well and were able to anticipate care and support required. We spoke to one visiting relative who commentated positively about the care home; “*very happy with the home*”. There is sufficient oversight and audit of medicines management. The provider regularly checks documentation completed by staff however, there are some improvements required for covert medication to ensure best practice. We observed many interactions between staff and people throughout the inspection that were all respectful, kind and caring in manner. Staff and resident meetings were regular and we saw in the notes that discussions were informative. We spoke with eleven people, who all told us they enjoyed living in the home. People’s physical, mental health and emotional well-being is maintained.

People are safe and protected from abuse and neglect, their rights are upheld, and staff are supported to protect the people that they support from abuse and neglect. The manager and staff team were clear about the aims of the service, their roles and responsibilities and built safe and positive relationships with people. People told us they were comfortable talking to staff and the manager about any concerns they may have, and felt confident they would try to address them. Staff received regular training on safeguarding and there were policies and procedures available for them to follow. One staff member told us their understanding of safeguarding was to “*keep everyone safe*”. The home completes the necessary documentation when someone lacks capacity to make decisions. Professionals reported the care staff are “*professional and friendly*”. There have been no safeguarding incidents taken forward since the last inspection. People are protected from abuse and neglect and their rights are upheld.

People live in a home that best supports them to achieve their well-being. We saw that the environment was designed with people’s safety in mind; we saw risks were identified and actions in place to ensure safety is maintained. People’s bedrooms were personalised and door personalised signs were present. We found that not all wardrobes or large items had been secured to walls to prevent injury to people if they were to fall. The home has features designed to stimulate people’s senses and memory such as local pictures, past decade’s

records. There was a thoughtfully designed library room and plans for a sensory garden. The home employs an enthusiastic activities co-ordinator who promotes activities. People told us they were happy and content living there. We spoke to one visiting relative who commented positively about the care home. One professional told us they would be *“happy to recommend the home to others”*. The kitchen has a very high hygiene rating of 5, we saw food was wholesome and plentiful: people told us the food *“is very good”*. The accommodation is suitable.

## 2. Care and Support

### Our findings

People have personal plans which sets out how their well-being, care and support needs will be met and their rights are upheld. We viewed three people's personal plans and associated documents, and we noted they were not person centred; they all contained people's personal history and included communication, sensory loss and mobility but were not co-produced with the individual and/or their representatives. One relative commented that they "*would like to see quarterly / half year review to discuss needs*". Personal plans focused on what mattered to the individual, their day-to-day care and support needs, however the staff had more extensive knowledge of people than was in people's personal plans which we discussed with the manager. We found the system for organising the plans are simple to navigate and to follow a person's story. We found evidence of regular reviews for most plans. "*This is me*" documentation provided staff with detailed information about the "*person*" which facilitates consistent care delivery. Ten care staff completed questionnaires, eight confirmed they have time to read people's personal plan. Language used on the homes forms was not always positive: "*challenging, aggressive*" and focussed on what a person "*cannot do*" as oppose to "*can do*" for themselves, we discussed this with the manager and provided some information and guidance. Daily records, discussions with staff and observations indicated care and support was being delivered in line with the person's wishes and staff knew people very well. We found for people who lacked capacity the home ensured there was a family member or nominated attorney. We saw the home applied to the relevant authority regarding people identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is a known as Deprivation of Liberty Safeguarding (DoLS). It is a legal process which seeks to ensure care arrangements for such people are proportionate and in their best interests. The home maintained a file that contained applications it had made to the supervisory body. Applications were made for updates of the application and instructions added to records. People's rights are upheld and they are provided with good quality care by a service that has good information about how to meet their care needs; however, records need to be improved to ensure it is person centred and co-produced with the individual and/or their representatives.

People are provided with the quality of care they need. People were supported in a dignified and respectful manner by staff. We observed meaningful interactions between staff and people throughout the inspection which were all respectful, kind and caring in manner, a relative told us "*staff are friendly and caring*" and that the home has a "*family feel*". We saw people were talking to each other evidencing meaningful connections had been made, one person told us they had "*friends that live here*". From the nature of the staff interactions, we saw that care staff knew people well and so could anticipate what was important to them where communication was impacted by conditions. We saw from personal records that

people were supported to see a range of health care professionals; this included GPs, district nurses, dietitians and chiropodists with referrals being made to professionals that were timely with a clear outcome documented in the care notes. One professional told us the staff provide *“very person centred care “* another told us *“staff see each service user as an individual”* and that the *“home works closely with health services”*. National risk assessments were in use for subjects such as nutrition, pressure ulcers, falls risk, and were regularly reviewed and updated. Staff training records indicated staff had not received appropriate training in such areas to ensure competency, we therefore recommend this be provided. We observed residents were given daily choices regarding getting up, and generally how to spend their day. We observed that there was little choice of food as the menu was basic and not shared with people routinely, there was no vegetarian option described. The food we saw prepared was homemade and wholesome and people commented positively regarding the food, one person told us they had *“nice food”*, one care staff told us the *“food is good”* and a relative commented in feedback that they would like to see *“healthier meals”* available, a professional told us the home *“does well with healthy eating”*. The manager and cook told us the menu was under development. We discussed activities provision with the dedicated full time activities co-ordinator who described and provided evidence for the extensive activities available to people. Two staff members commented in feedback that the home should have *“more activities where people can get out”*. Relatives commented that there was *“lots of activities”* with one person describing how the activities coordinator *“had managed to get my mother involved in drawing again – something she had stopped doing but loved”*. This positive feedback for the activities co-ordinator was shared by professionals who commented *“very good activities coordinator”* and how they had *“seen people out in community”*. People get the right care and support when they need it.

Medication management systems are in place. We examined three people’s medication record charts, homely remedies advice to staff and covert medication procedures. We reviewed the last three weekly medication audits for; 19 December 2019, 1 and 10 January 2020 which showed systems are in place to ensure oversight and audit of medicines management. The provider regularly checks documentation completed by staff and the three weekly audits all highlighted *“photographs”* were required in some records which the manager advised us was in process. 1 January 2020 highlighted *“fridge temperatures”* were not being recorded and on the day of inspection, we saw this had been resolved. There have been no errors or omissions since the last inspection. We saw medication was recorded in people’s personal plans. All seven staff responsible for medication have received training and were assessed as competent by the manager. We were shown the medication storage facility and found this to be organised, clean and tidy. Staff told us some people were administered medication covertly i.e. without their consent. We examined covert records for three people and discussed the covert medication administration process with the staff and manager. We were told that this practice occurs on *“every”* medication administration for those people this is *“agreed for”*, however the guidance form states; *“regular attempts should be made to encourage the client to take*

*their medication*” and *“the decision to administer covertly should not be considered routine”*. We found no evidence for the three people we reviewed that this process had been agreed and reviewed in a formal multi-disciplinary meeting, the homes policy stated; *“a multi disciplinary discussion should be held”*. We found one person’s form had not been signed by a medical professional, the homes the medication policy stated; *“signatures must then be obtained from G.P, Nurses, Manager, Social worker and Client Representatives”*. One person’s form was created 15.09.2016 with no further review, the forms states; *“the process will be reviewed continuously”*. We found no evidence of impact. One person’s form did not provide clear guidance for staff administering medication covertly as it stated *“in food and drink”*. The medication policy provides clear guidance for staff to follow. We concluded that there are some good systems in place with regards to the management of people’s medication however, we advised the manager that improvements are needed in relation to covert medication in order to fully meet the legal requirements. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service.

### 3. Environment

#### Our findings

The service has systems in place to monitor health and safety. Health and safety documentation was examined and contained a selection of documentation including fixed and portable electrical testing certificates and equipment maintenance checks. We saw they had been completed within the required timescales. We viewed a sample of hoisting equipment and saw evidence that these are being serviced regularly. Appropriate weekly, monthly and annual fire safety checks had been completed and recorded. Personal emergency evacuation plans (PEEP) were in place for people living in the home and contained detailed information for staff to follow in the event of a fire, we noted there was no date of creation so advised the manager this is required along with annual reviews to ensure the information is accurate to guide staff in the event of fire. The kitchen has a hygiene rating of five, which is the highest available. We found personal protection equipment (PPE's) such as disposable gloves were stored in safe place due to people living with dementia in the care home. We find that the service takes appropriate action has robust health and safety systems.

People live in a home that best supports them to achieve well-being. We found that visitors could not gain entry into the home without approval from a staff member. A written visitor's login system was used to monitor those entering and leaving the premises. Keypads were in place on doors leading to hazardous areas to promote people's safety and allow them to explore within a safe environment. We found the care home had 21 bedrooms as reflected in the Statement of Purpose (SOP) and there was 19 people living in the home on the day of the inspection. We viewed a sample of bedrooms and found they had been personalised and contained a variety of personal possessions. We found not all wardrobes were securely attached to walls to prevent them falling over and discussed this with the manager. We spoke to two relatives who commented positively about the quality of the decoration and furnishings. One relative told us the "*home is always clean*". We saw that records were securely stored to ensure the confidentiality of those using the service. We saw that other facilities such as the laundry were busy, but clean and well ordered so as to keep clean and dirty clothes separate. Each lived in area of the home we viewed was clean and tidy, with separate domestic staff employed Monday to Friday to ensure satisfactory cleanliness standards. We were told of plans to enhance the gardens to create a "*sensory garden*" that people could access freely. We discussed with the manager the general layout of; the "*library room*" to ensure people could easily access reading books; the main living room to encourage conversation, this was also highlighted in an environmental assessment completed by the manager. Staff told us the home would benefit from "*different seating*" referring to the arrangement of the rooms. There was a kitchenette which enabled people to make their own hot or cold drinks however, we did not see this in use on the day of inspection. One person told us they "*feel free*" in the care home as they can go outside to



the back garden easily, others agreed they liked the home and their bedrooms. People are cared for in a clean, and comfortable environment.

## 4. Leadership and Management

### Our findings

The service provider has good systems in place to ensure the quality of the service was being overseen and monitored. In addition, staff had access to policies and procedures to enable them to safely carry out their roles. The Responsible Individual (RI) had completed six monthly Quality of Care reviews in line with regulations and was undertaking regular monitoring visits, as is required. RI visit reports for 10.09.19 and 31.12.19 were available to reflect the information collated during these official visits. We provided some additional guidance to the manager to ensure reports consider the same themes each time a visit is completed. We saw all areas of the service provided were monitored closely by the manager and RI, action plans were created and completed to address any areas identified as needing attention. The manager spoke positively regarding their interactions with the RI telling us that they have *“good back up from proprietor”*. One professional told us there is *“good leadership from management”* with a *“care team that is keen and enthusiastic”*. People told us there was *“nice staff”*. Staff told us they felt supported by management and they were very happy working for the service *“able to ask for support”*. We conclude that systems are in place to monitor, review and improve the quality of the service delivered.

The service provider ensures the Statement of Purpose (SOP) accurately describes the service people receive but does not keep this under review. We found the SOP is not kept under review as it was dated 18.02.2018 therefore was not up to date as it is to be reviewed annually. We found that it described the service, which we found was being provided to people as we evidenced this through discussions and documentation seen during our visit. The SOP did not provide the list of mandatory and additional training staff are provided with. The last report recommended that improvements are needed in the way complaints are managed. We saw that improvements had been made with regards to the policy however, this requires further improvement. The policy needs to ensure it reflects current guidance and regulations. It did not include details of the Public Ombudsman Wales and the policy eluded to CIW receiving complaints, which requires review. There had been no complaints since the last inspection. We checked five weeks of staff rotas and found there were sufficient staff on duty in accordance with the details contained in the SOP however, we noted there was some staffing issues at times in the home as the rota's viewed showed the manager had worked frequently in the kitchen. We found people were provided with a service user guide that is a reflection of the SOP in an accessible format. People are supported in line with the Statement of Purpose which requires some improvements.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency and skills to provide the levels of care and support required to enable the individual to achieve their personal outcomes. Staff enjoy the work that they do and receive relevant training and good support from management. Staff

completed an induction and mandatory training programme upon starting work at the service. Training records evidenced mandatory and additional specific training was mostly up to date with dates planned for refresher training. The last report recommended that training records should record the level of training provided on dementia. This is outstanding, the records we saw did not show the level of training in dementia, and therefore, this has not been satisfactorily addressed. Staff personnel files evidenced regular formal supervision from management and was provided along with annual appraisals. This facilitated the opportunity for discussing any learning or training needs however, it was noted from records that frequency of supervision was not always in line with guidance as for some staff the records stated "*four monthly*" when it should be quarterly. Staff meetings were regular and informative with discussions noted. All the staff we spoke with told us they worked well as a team, one told us "*staff work together well most of the time*" and they could always access managerial support if they needed it. We conclude the service is being overseen and managed sufficiently to ensure people are supported by a staff team that is trained, monitored and continuously developed.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None. This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Areas of non-compliance identified at this inspection**

None

### **5.3 Recommendations for improvement**

- Improvement to covert medication procedure to ensure best practice.
- PEEP forms to be dated and reviewed annually or if a change in condition impact evacuation plans.
- Wardrobes to be secured to walls to prevent falling on top of people.
- National risk assessments were in use for subjects such as nutrition, pressure ulcers, falls risk, and were regularly reviewed and updated. Staff training records indicated staff had not received appropriate training in such areas to ensure competency, we therefore recommend this be provided.
- The last report recommended that training records should record the level of training provided on dementia, this is outstanding, as the records do not show the level of training in dementia, and therefore this has not been satisfactorily addressed.
- Review SOP; Include list of mandatory and additional training staff are provided with: include details for the Public Ombudsman Wales: amend reference to CIW receiving complaints.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme and review of outcomes for people living with dementia in Wales. This inspection was carried out under the new regulations – Regulation and Inspection of Social Care (Wales) Act 2016. The unannounced inspection took place on 13 January 2020 between the hours of 9:30am and 18:00pm.

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- Discussions with three relatives, three members of staff and eleven people living in the care home.
- We received and considered the responses from six next of kin, three professionals and ten staff questionnaires.
- Consideration of a completed environment assessment tool completed by the manager on the day of inspection.
- We toured the home, observed staff and resident interaction and considered the internal and external environment. We used the Short Observational Framework for Inspection (SOFI 2) tool during dining experiences. The SOFI2 tool enables inspectors to observe and record care to help us to understand the experiences of people who are receiving a care service.
- Examination of three people's personal plans and associated monitoring charts and daily records.
- Examination of three staff personnel files, staff supervision and appraisal dates and staff training statistics.
- Examination of the last two staff meeting records.
- Consideration of the home's statement of purpose.
- We viewed a sample of the home's weekly food menus and daily choices.
- Consideration of current staffing schedule and completed rota for 01.12.2019 to 11.01.2020
- Consideration of the home's internal auditing reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of a selection of the home's policies and procedures.
- Feedback was given to the registered manager.

Further information about what we do can be found on our website:  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>LINDAN HOUSE LTD</b>
<b>Responsible individual</b>	<b>Janet Bailey</b>
<b>Registered maximum number of places</b>	<b>21</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>11 April 2018</b>
<b>Dates of this Inspection visit(s)</b>	<b>13/01/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.</b>
<b>Additional Information:</b>	

**Date Published 02/03/2020.**