

Guild Care

Linfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Linfield House is a care home providing personal and nursing care for up to 54 older people. The service supports people with a variety of health needs including Parkinson's and Diabetes across five suites, two of which were designed to support people living with Dementia. There were 47 people using the service at the time of inspection.

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

People were supported by staff who knew them well, they were relaxed and engaged with a variety of activities. The atmosphere of the service was calm. A visiting professional told us, "On the Richmond unit, care assistants interact particularly well with residents, I see lots of activities and find care assistants sitting and chatting with residents, they are not just task focussed".

People were cared for by enough staff who responded to their requests appropriately. One person told us, "The girls are very helpful and I definitely feel safe". They had a sensor mat and call bell and advised when triggered, "The girls come within seconds".

Staff were observed to treat people with respect and kindness. People were seen to be given choices which were respected. For example, staff offered additional helpings at lunch time and different options if people changed their mind about their meal choice.

Staff told us they felt supported by management, they were informed of changes to the management structure and said the changes were positive. One staff member commented, "They listen and act, not all managers are like that and its appreciated by us".

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 October 2019). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Linfield 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. 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection team consisted of two inspectors.

Service and service type

Linfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of applying to be registered with the Care Quality Commission. When the manager is registered, they and the provider will be legally responsible for how the home 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 reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

During the inspection we observed the care and support people received throughout the day. We spoke with six people and eight staff members.

We reviewed a range of records, including four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We reviewed records relating to the management of the service, including audits, incident logs, and the provider's policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found and spoke with one visiting professional.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks were managed safely. The provider had addressed previous concerns by updating their care planning system, providing further training for staff and had created a 'named nurse' structure to review the plans.
- People's care records and associated risk assessments were documented on an electronic care monitoring system (ECM). Staff confirmed they could access the records on mobile devices which considered risks of health conditions as well as providing information on people's needs and preferences.
- People's risk of developing pressure areas had been assessed, wound management plans were in place to monitor any breakdown of skin or ulcers that had developed. One person was observed to have an air pressure mattress on their bed to help minimise the risk of pressure sores. Care plans guided staff on the frequency the person required repositioning to maintain skin integrity.
- A staff member described how a person's ability fluctuated throughout the day, they told us, "Every day can be different, we are constantly assessing, in the morning I see if [person] is ok, I'm already assessing just by talking. Dignity is upheld by treating them as a human and seeing how they are and how much help they want or need for the day".
- Environmental risks assessments had been completed, including personal emergency evacuation plans for people. On the day of the inspection, the fire alarm system was tested as part of the weekly testing schedule and worked effectively.
- A professional who visits the service told us, "Staff respond to everything I advise, they escalate issues appropriately".

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Systems were in place to protect people from the risk of abuse, staff received safeguarding training and had access to an up to date policy. Staff were able to describe what constitutes abuse and what steps they would take should they suspect people were at harm from abuse.
- Staff confirmed they felt comfortable to report any concerns and knew when concerns would need to be shared with outside agencies. One staff told us, "I would take it further or higher if management did nothing, I would contact CQC or could go to Local Authority. It would be unlikely I would need to as management are very open".

- Management were aware of their responsibility to respond to and report any allegations of abuse in line with the local policy, we saw examples of this.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The management team reviewed staffing levels according to people's needs and the occupancy levels of the service. The management team showed examples of where staffing levels had increased and where people required one to one support.
- Feedback from people and staff confirmed there were enough staff to meet people's needs, our observations supported this. One person said, "There's always someone there if I need somebody". A staff member told us, "I think there are enough staff on shift, teamwork and morale seems high at the moment".
- Lunch was served in a relaxed manner, allowing people time to enjoy a relaxed service, staff were available to assist people as needed and offer choices.
- Staff were recruited safely. Staff recruitment files included completed application forms, employment histories and qualifications, checks on people's suitability to work in a care setting were undertaken, such as references, eligibility to work in the UK and Disclosure and Barring Service.

Using medicines safely and Learning lessons when things go wrong

- People were administered their medicines safely by trained and qualified staff.
- Staff were observed to engage with people when administering their medicines, this included explaining what medicines were for and ensuring they were seated comfortably before administration.
- Where some people were required to have their medicines at a specified time, we observed this being carried out appropriately. People were given their medicines in a person-centred way. For example, one person had a preference to take their medication in yoghurt, this was accommodated and further recorded in the person's care records.
- Staff were guided by protocols to enable them to identify when people required their 'when required' (PRN) medicines.
- Storage and recording of medicines were completed in line with current guidance.
- The service has made some changes to the process of administering medicines; this was in response to some previous errors. The service has started to operate an electronic medication administration record (eMAR) system, staff had been trained to use the system. A staff member told us, "We check everything. It's so much better with this system".
- The service had established a communication method for staff to ensure medicines were administered safely and in a timely manner.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the process for assessing and monitoring the quality of services provided was not effective in ensuring that care records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated activities) Regulations 2014. Good governance. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Previous concerns relating to assessing and monitoring the quality of services had been addressed by delegation and increased monitoring within the management team.
- Various posts were held within the service which included a clinical lead, deputy manager, practice development facilitator, health and safety manager and a compliance team all of which had specialist areas to oversee the running of the service. Numerous audits were undertaken and analysed on a monthly basis with action plans developed from findings. For example, following an audit of infection control measures, paperwork had been revised to specifically guide housekeeping staff.
- The management team had clear roles and demonstrated an understanding their regulatory requirements. The service had been without a registered manager since February 2021. The provider had appointed a new manager in March 2021 who had submitted their registration application to CQC. Staff spoke highly of the new manager, comments included, "It's been transformed, really has changed compared to what I have seen".
- The management team displayed a passion for their roles and commented, "We've managed to retain staff which is very good, we had a high turnover a few years ago. Staff morale is very high, shifts are covered by own staff and limited agency, this reflects on the residents, they are happy".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted a positive and inclusive culture for people. There was a friendly atmosphere throughout the service, staff were seen to be respectful and engaging with people. People were relaxed and content undertaking various activities including pottery painting and playing games with staff members.
- The service sought feedback from people and their relatives formally on an annual basis, this was collated, and action plans were developed when needed; there had not been any surveys for some time. People confirmed they could speak to staff should they wish to pass comments.

- People and staff were kept informed of changes including a restructure at provider level. Management used various methods of communication. This including, letters, emails and the organisation's own social media site. Staff members were positive about the changes, one staff member told us, "We have emails and meetings but most things are communicated by our internal social media if appropriate. There have been lots of changes recently and all for good from what I see".
- Staff received time with their line managers to discuss any issues within the service or personal development. Staff commented they felt valued, supported and their line manager always said thank you.
- We saw evidence of people involved in events hosted by the service, this included gardening, pizza making and celebrations of occasions such as Easter and Christmas. Management praised the staff for their dedication throughout the COVID-19 pandemic and commented they worked hard to create a jovial atmosphere in the service.

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 management team demonstrated full awareness of the duty of candour. Statutory notifications had been sent to CQC to confirm this has been done appropriately. The management described the duty of candour as being open and honest when things went wrong. The duty of candour was considered for any incidents, accidents or complaints. For example, a person had sustained an injury, management had apologised and put measures in place to minimise a reoccurrence.

Continuous learning and improving care

- The service undertook continual learning to improve care. The service acted on and learned lessons from incidents and systems had been updated to prevent reoccurrence. An example was a medicines issue, the introduction of eMAR, additional handover/allocation sheets and increased auditing was put in place to address the issues.
- The service identified a theme of complaints where people had left the service to return home after a period of respite. Complaints were received where belongings had not been returned and where there had been issues with medicines upon discharge. A discharge sheet had been developed to stop reoccurrence and discussions at shift handover now include forthcoming discharges from the service.

Working in partnership with others

- The service engaged with other professionals including the falls team, the community matron, GPs, and specialist nurses. Management spoke of their close working relationship with a local practice nurse which resulted in timely and positive outcomes for people.
- The service was supported by a head office and were in close contact with other homes within the organisation which allowed for shared learning. External consultants were engaged to undertake mock inspections and developed service improvement plans.
- We spoke with a professional who frequently visits the service, they told us, "We have a good working rapport, I know [name of clinical lead] well. They care for people at the end of life stage really well, they also keep families informed".