

Regal Care Trading Ltd

Linden Manor

Inspection report

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Date of inspection visit:
03 January 2020
08 January 2020

Date of publication:
24 February 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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 Manor provides accommodation and personal care for up to 28 older people, some of whom live with a dementia. The three-storey home was pleasantly furnished and had an accessible garden area.

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

There was a lack of oversight in falls monitoring and medicines management and this had the potential to place people at risk of harm.

Staffing levels required reviewing to ensure there was enough staff adequately deployed to consistently meet people's needs in a timely manner and according to their wishes. Staff received irregular supervision, were not supported with their well-being and were restricted in their professional development.

Safe recruitment practices were not always followed. This placed people at risk of being cared for by staff unsuitable for the role.

Mental capacity Assessments and best interest meetings required reviewing to ensure they were decision specific and in line with law and guidance.

The systems and processes in place to monitor the safety and quality of the service required strengthening. Concerns identified at this inspection had not been identified by the provider, however, they took immediate action to respond to the concerns raised.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals. People were protected from the spread of infection. Personal protective equipment such as gloves and aprons were readily available.

The environment was clean, and repairs and maintenance were completed in a timely manner. The service had a refurbishment plan in place to ensure redecoration and improvements to the environment were continually addressed.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People and their relatives were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident any complaints would be responded to appropriately.

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 Good (published 21 July 2017).

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and lack of governance and oversight of the service.

You can see what action we have asked the provider to take at the end of this full report.

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 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?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Linden Manor

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.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked Healthwatch if they had any information to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with six people who used the service about their experience of the care provided. We also spoke

with four family members of people using the service. We spoke with six members of care staff, the area manager, the manager, a cook, team leader and two care staff. We observed the care people received and reviewed a range of records. This included seven people's care plan records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, quality assurance audits and rotas were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management

- People's risks of falls had not been adequately monitored. Staff had recorded and completed accident/incident forms when people had a fall, however the systems in place to identify when people required an assessment from the Falls Prevention Service were not kept up to date.
- One person had 24 slips/trips or falls in a six-month period, another person had five falls in the same period. The providers policy stated that people were referred to the Falls prevention Team after three falls. One person's care plan stated because of their health condition they were required to be referred to the Falls Prevention Service after one fall, however this person had three falls and had not been referred.
- Monitoring of falls had lapsed in the previous couple of months and this contributed to the provider not having an accurate overview of the number of falls people were having.
- There was a risk that people would not be evacuated safely in the event of a fire. The emergency evacuation folder which included information on who was living at the home and what support they might need in the event of an evacuation was not up to date. Three people living at the service were not identified in the list of people living at the service. One of whom had been in residence for six months.

We found no evidence that people were harmed, however this failing posed a risk that people could be harmed. The provider failed to ensure risks to people were assessed and monitored. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection, we saw the manager had taken immediate action. People's falls were recorded on a fall tracker and the people who required a referral to the Falls Prevention Service had been referred. The emergency evacuation folder had been updated to include all people living at the home.

- People's other risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks.

Staffing and recruitment

- There were not always enough staff deployed to provide people with care at the times they required. On the first day of the inspection, the service was not staffed as per the assessed staffing requirements due to staff sickness. There were twelve people in total, seated in two rooms, six of which were at risk of falls. There was a period of fifteen minutes where no staff entered these rooms to monitor people's well-being and

safety. This placed people at risk of harm.

- Staff told us, and the rota confirmed that the service did not always have the appropriate level of staffing on shift during the night time hours. The service had determined they required a minimum of three waking night staff to meet the needs of people safely. In the previous 30 days, there were 10 occasions where only two staff were working on the night shift.
- Due to the layout of the building, people's bedrooms were located on three floors. A minimum of five people also required two staff to support with personal care during the night. On these 10 occasions, when personal care was being delivered to the five people, there was no staff across the rest of the building to monitor people who were awake in the night or to answer call bells.
- Safe recruitment practices were not always followed. Three staff did not have any references in their personnel file to evidence conduct in their previous employment.

The provider failed to ensure there were sufficient numbers of suitably qualified staff and they were safely recruited. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection, the manager informed us that the provider had offered assurances that the appropriate staffing levels would be in place and discussions were taking place with a recruitment agency to support the home while they were recruiting.

Using medicines safely

- Prescribed medicines were not always available for people. One person had not received their medicine for eight days. It was recorded on the Medication Administration Record (MAR) the medicine had not been dispensed because it was unavailable. We found the medicine had not been delivered by the pharmacy and although an initial telephone call to the pharmacy had taken place, no follow up call had been made and no individual staff took responsibility for ensuring the medicine was available. We brought this to the attention of the area manager who took immediate steps to ensure the medicine was in place the following day.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff were given clear instructions or protocols for when it was appropriate to administer 'as required' medicines. People's care records evidenced why they required the medication.
- Staff had undertaken training so that they could give people their prescribed medicines safely. All staff had received a recent competency check to ensure that the training they had received was applied in day to day practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I am well looked after by everyone. I've never felt unsafe."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse, however, this required updating. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- People were protected by the prevention and control of infection. People and their relatives were happy with the cleanliness of the home. One relative told us, "Absolutely spot on, nice and clean."
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example,

staff wore disposable gloves and aprons when providing support with personal care.

- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.

Learning lessons when things go wrong

- We saw evidence that showed when something had gone wrong the manager responded appropriately and used any incidents as a learning opportunity. This was evident on the second day of our inspection, where it was clear to see the changes that had been made following our feedback and the implementation of new systems.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported with their health and well-being. Staff completed a health questionnaire identifying any health concerns or support they may require to undertake their role. Three staff had declared health concerns which required further exploration to determine how they could be supported in the most effective manner in their role. This had not been identified by the provider.
- Staff were not enabled to progress with their professional development which was appropriate to the role they undertook. The provider declined to support staff to gain National Vocational Qualifications relevant to their role until they had been working for them for 18 months. Staff told us they felt 'devalued' and 'frustrated' because of this restriction. One staff member told us, "I want to learn more and gain qualifications, but I can't because I haven't worked here for 18 months."
- Staff had not received supervision in line with the providers policy. There had been a lapse in staff receiving supervision, for some staff they had not received it for six months. Staff told us that although formal supervision had lapsed, they could take any concerns to the manager but felt their 'hands were tied' in relation to the staffing situation.

The provider failed to ensure staff received appropriate support. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection, the manager informed us staff whose supervision was out of date had been completed, health questionnaires had been reviewed and the provider was reviewing the situation in relation to supporting staff with their professional development.

- New staff received an induction in to the service including shadowing more experienced members of staff. One member of staff told us, "I had shadow shifts, and everyone has been really supportive of me."
- There was a program of training in place, and staff told us they had received the training required to meet people's assessed needs. However, due to a change of training providers, some refresher training had lapsed.

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

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

possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that improvements were needed with best interest decisions.

- Staff completed mental capacity assessments to establish people's insight and understanding of their care needs. However, when it was identified people did not have the capacity to make choices, the best interest meetings were either not complete or completed incorrectly with little or no details. For example, one person had best interest meeting paperwork in place, with no record of what the decision was about and why it was in their best interest but signed and dated as a legal document.
- Staff demonstrated they understood the principles of MCA and supporting people to make choices. People and relatives confirmed the staff always asked their consent before providing their care.
- We saw that applications for DoLS had been completed and submitted appropriately.

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

- People's needs were assessed before they were able to move into the home. This included people's likes and preferences and healthcare needs.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religion and culture.
- Staff used evidence-based tools to assess people's risks and needs. All this information was used to plan people's care and support.

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

- We received mixed feedback on the quality of the meals provided. However, we saw that people were offered choices of meals and meals were presented well.
- Food and fluid charts were in place where required to ensure people ate sufficiently and stayed hydrated. We saw this was completed accurately and monitored throughout the day.
- The cook and staff knew when people required special diets or foods in different textures and this was adhered to.

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, occupational therapists and physiotherapists.
- Staff had a good knowledge and understanding about people's healthcare requirements and were able to tell us about people's health needs.
- Information about the person had been collated into a one-page profile to guide staff from other agencies such as ambulance or hospital staff on how best to support people. The profile included allergies, likes, dislikes and communication needs.

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

- The service design and layout met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities; specialist beds, mattresses and moving and handling equipment also meant people were comfortable when in bed or being assisted by staff to move

from bed to chair.

- People had communal spaces to sit in and take part in activities. There was good access to outdoor space.

Is the service caring?

Our findings

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

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

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

- People were supported by staff who knew their needs and cared for them in a respectful way. One person told us, "The people are quite nice, respectful, yes they are." A relative told us, "They [staff] seem very helpful and friendly."
- The interactions we saw were mostly positive, staff and people engaged well with each other. We saw staff talking to people about a range of subjects including their family, activities they wanted to do and general 'how are you today' conversations. We observed that interactions and conversations could be enhanced during mealtimes. We gave feedback to the manager who said they would look at ways to enhance this for people.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. Staff showed patience, giving people time to answer questions about the support they wanted.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. Relatives told us that they were invited to meetings about their loved one's care and support.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- Staff had a good understanding of privacy and dignity, we saw evidence of people given space and time to be alone in their room if they wished and staff told us they close curtains and doors when supporting people with personal care.
- Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days.
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow. Feedback from people and their relatives confirmed that dignity and respect was promoted.

Is the service responsive?

Our findings

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

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

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

- Care plans were person centred and described people's likes, dislikes and were planned around people's choices. We observed staff provided responsive and personalised care. We saw staff respected people's known wishes and preferred routines and choices.
- Care plans were up to date and continued to contain information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation.

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 supported to maintain their interests and take part in new activities, although feedback from the majority of people and their relatives said that more activities are required. An activity co-ordinator was employed in the home and delivered a range of activities for people which included arts and crafts, chair exercises, bingo and nail painting. Where people were cared for in bed, the activity co-ordinator spent time with people on a one to one basis.
- Volunteers supported the activity worker with providing activities people chose both inside and outside the home. Volunteers from a charity who had received specialist dementia training also supported the home in providing information and activities for people living with dementia and their relatives.
- The manager informed us of their plans to increase the amount of activity opportunities for people. This would be achieved by increasing the number of hours available to provide activities.
- The service arranged celebrations for people's birthdays and other special occasions which also involved people's relatives.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint but told us they generally had had no reason to. One person said, "I have never had to complain; I would speak to the manager if I did" and this was echoed by relatives' comments. One family member said, "No complaints, no problems at all."
- There had been no complaints since the last inspection. Policies and procedures were in place to effectively manage any complaints that were received.

End of life care and support

- The service worked closely with GPs and palliative care teams when supporting people with end of life

care. This ensured people were cared for in line with their wishes in a pain-free and dignified manner.

- Where people were being cared for at the end of their life; a 'my future wishes' was in place. People had an opportunity to record their end of life wishes.
- The service was working towards the Gold Standard Framework (GSF) for end of life care. GSF is an evidence-based approach to optimizing care for people nearing the end of their life.

Meeting people's communication needs

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

- People's communication needs were assessed, and details of any needs were recorded. For example, instructions were given to staff on the most effective way of communicating with a person who had some hearing loss.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Improvements were required in the quality and monitoring systems at the service.
- Systems relating to medicine management had not identified all medicines were in stock.
- Systems and processes required improving in relation to the safe recruitment of staff.
- Improvements were required with monitoring falls and accidents/incidents. The managers 'daily walkaround' which was in place to monitor the day to day running of the service was proving ineffective. This was because it either wasn't completed fully or not completed at all because the manager was working care shifts to fill the gaps in the shortage of staff.
- The deployment of staff required reviewing to ensure there was enough staff to consistently meet people's needs in a timely manner and according to their wishes.
- Improvements were required to ensure staff received regular supervision and feedback about the quality of their work according to the providers policy.
- Mental Capacity Assessments and best interest meetings required reviewing to ensure they were decision specific and included all relevant outcomes and full details of the best interest discussions.

People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and area manager had acted responsively following the first day of the inspection and had been open and transparent in their responses to us. The manager informed us of immediate action they had taken to improve the monitoring of the service.

- The service was required to have a registered manager. A registered manager was not in post, however, an application had been received by the Care Quality Commission and was being processed at the time of the inspection.

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

- The service worked with people, relatives and health professionals to ensure the service people received was person centred.

- Changes and improvements were being made and people told us that the provider and manager was approachable.

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

- People living at the service were given opportunities to give their views on all aspects of their care and support. They were consulted with, and their views were taken into consideration.
- The manager told us that they were keen to engage with people regarding changes and improvements to the service.

Working in partnership with others

- The service mostly worked in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex health needs and with those living with dementia.
- People had been referred to specialist health teams in a timely way when their needs had increased or health had deteriorated.

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; continuous learning and improving care

- At the time of inspection, there were no duty of candour incidents recorded. However, through our discussions with the manager we determined that they were aware of and acted in line with the duty of candour requirements.
- The manager was open and transparent throughout the inspection process. However, they and the provider had failed to identify and prevent failings in parts of the service, including; providing good quality oversight of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people were assessed and monitored.
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 adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient numbers of suitably qualified staff and they were safely recruited to. The provider failed to ensure staff received appropriate support.