

Link House Limited

Link House

Inspection report

Links View
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Dereham
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Date of inspection visit:
28 September 2023
04 October 2023

Date of publication:
28 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Link House is a residential care home providing personal care care for up to 6 people who were autistic and, or had a learning disability. At the time of the inspection there were 4 people using the service.

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

Right Support: The general condition of the home was good, and the risks to people's safety was minimised because staff knew people well and could anticipate their needs. People were able to understand risk and largely keep themselves safe. There was a plan in place to continue to improve the environment people lived in but we identified some potential risks which had not been identified as part of the provider overall quality and governance. This included uncovered radiators and pipe work and unguarded stairs. The risks associated with possible nocturnal seizure activity had not been fully assessed. Window restrictors had just been put in place but there was no evidence that these were checked to ensure they remained in good working order and could not be opened more than 100 MM in line with health and safety guidance. All of our concerns were addressed immediately following the inspection and risks were therefore mitigated.

The provider was changing over to an electronic recording system which when established should provide clearer governance oversight. Although people's records were of a high standard, on the medication error forms staff had not recorded if medicine errors had been reported to the local authority or if they had sought medical advice in line with the medicines protocol. The registered manager assured us staff did report correctly and revised the form to ensure staff ticked of all actions completed. Medicine procedures were kept under review and all staff were adequately trained and had their medicine competencies assessed.

The service had the right number of staff in line with people's assessed needs and the outcome of recent funding reviews were being challenged by the registered manager to ensure people remained appropriately funded. People took part in activities in line with their interests and needs and these were discussed at residents' meetings and in one-to-one meetings with staff. People's care plans included outcomes they wished to achieve and what support they needed to achieve their goals.

People were encouraged to make their own decisions and any restrictions on people's freedoms due to risk were clearly documented and people were supported to remain safe. 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.

Right Care: People's needs were clearly documented, kept under review and where changing needs were identified these were followed up with relevant professionals. There were close working relationships with family and the community. Continuity of staffing helped ensure people's needs were known and met consistently. Safeguards were raised as required to ensure people's safety.

Right Culture: People received good outcomes of care and the service supported people in a range of different ways around their changing needs. There was shared accommodation and single accommodation. Staffing levels varied from intermittent support to 1-1 support in line with needs and people were able to contact staff 24 hours a day. Some people had monitoring/sensor alarms and CCTV was being considered to further enhance people's security and wellbeing.

A range of audits were completed which included seeking feedback from staff, people using the service, relatives, and visitors. The registered manager acted on feedback to enhance people's experiences and the manager was proactive in ensuring people had the support they needed.

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 the service under this provider was good (published on 13 October 2017.)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Link house on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements in well led .

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

Recommendations

We have made a recommendation about fire safety arrangements.

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.

Follow up

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.

Good 

Is the service well-led?

The service was not well led

Details are in our well led findings below.

Requires Improvement 

Link 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector over 2 days.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 September 2023 when we visited the service. We visited the service again on the 4 October 2023 as on our first visit no one using the service was at home.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service. We used all this information to plan our inspection.

During the inspection

We reviewed records including care plans, medicines, toured the environment and spoke with the registered manager and a senior member of staff. On our second visit we spent time with the 4 people living at the service and joined them for a meal at their request. Following the inspection we spoke with 2 relatives, 3 staff via email, a member of the quality assurance team from the local authority. We continued to clarify evidence collated.

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 Good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

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

- Staff knew people's needs well and any associated risks with their care. During our inspection we discussed with the registered manager the need for a more robust quality assurance system to identify emerging risks and ensure people's safety. For example, we identified radiators were uncovered but were assured that the surface temperature of the radiators was controlled sufficiently to reduce the risk of scalding. Following the inspection radiator covers were ordered and fitted.
- Window restrictors had recently been fitted following a CQC remote inspection where the provider was asked to do this. We noted during our onsite inspection that one restrictor opened more than the recommended limit and regular checks on window restrictors had not been implemented but this was put in place immediately upon raising the issue.
- Individual risk assessments were in place but for one person living with a history of epilepsy although they had not had seizures for a long time. However we found the risks of nocturnal seizures had not been adequately considered. We discussed this in light of the fact there were no waking night staff at this service, so people were not checked across the night. The registered manager immediately agreed to consider an alarm as part of a best interest decision. The risks associated with the stairs and epilepsy also needed to be factored into any risk assessment.
- We reviewed incident records and staff actions which were appropriate to the level of risk. However, staff were not always recording in enough detail follow up actions taken. The registered manager has since introduced a staff check list to ensure all staff follow the necessary steps.
- Fire safety arrangements were satisfactory and both staff and people using the service were familiar with actions to take in the event of a fire. We did however make a recommendation about fire safety.

We recommend the registered manager request a fire safety inspection due to the planned increased occupancy and the regular use of the loft space for storage.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- DoLS had been applied for as necessary and the least restrictive practice was observed. People had free movement of the property and doors were locked to their rooms at their request. Best interest decisions were held where a person lacked capacity, and this was kept under review. Staff had a clear understanding of the MCA principles.
- People were involved with decisions and staff knew they could seek further support for people from social workers and advocates.

Staffing and recruitment

- Full staff recruitment meant people were supported by staff who were familiar to them and were able to provide consistent care and support. Most staff spoken with were very positive about the service and the support they received from the registered manager who also worked shifts along side care staff. Additional staff had recently been recruited to help support a new person moving in. Staff sometimes lone worked but support was flexible in line with peoples needs.
- CCTV was being introduced in communal areas to help monitor people's safety across the day. This had been discussed and agreed with people using the service, staff and other professionals where relevant.
- Recruitment processes were robust and included pre-employment checks such as references and a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People using the service told us they were involved in the interview process for new staff which helped ensure they were supported by staff they had helped to choose.

Using medicines safely

- Medicine errors had occurred where people had not received their medicines or had received their medicines incorrectly. Although medication error forms had been completed this provided no indication that medical advice, such as 111 had been sought, or that the local authority had been advised. No avoidable harm had occurred, and the registered manager has since introduced a checklist for staff to complete to mitigate these risks.
- Mental capacity assessments were in place to state why people could not administer their own medicines, but no initial risk assessment had been completed and people did not have accessible information about their medicines to help them make informed decisions. The registered manager agreed to implement this.
- Clear guidance about when to give medicines as required were in people's care plans but not in their medicines profile on the day of our inspection. This has since been rectified. Staff recorded when and why they had administered certain medicines.
- A reduction in medicines was facilitated where appropriate which meant the registered manager was considering the principles of STOMP, stopping over medication of people with a learning disability, autism, or both with psychotropic medicines.
- Medicines were administered by staff and stored in a locked facility in a locked office. We discussed the benefits of self-administration and person-centred practice. Since our discussion, medicines are going to be stored and administered from people's own medicine cabinets to support people's greater involvement.
- All staff at the service were trained to give medicines and annual competencies and training was provided. Where errors had occurred staff would refrain from medicine administration until their competencies could be reassessed.

Systems and processes to safeguard people from the risk of abuse.

- The registered manager gave examples of allegations of abuse and how these had been responded to which helped ensure people were protected from avoidable harm and abuse.
- Staff received training to help ensure they understood their responsibilities to report concerns and speak up, if necessary, where they felt their concerns were not being addressed.
- People spoken with had developed trusting relationships with staff and said they could raise concerns. They were able to clearly articulate their concerns and had mood charts etc. to help them identify how they were feeling.
- Staff had a good understanding of the support people required and how to protect them. Relatives felt well informed about risk, or any allegation made.

Preventing and controlling infection

- We were mostly assured that the provider was preventing visitors from catching and spreading infections and were supporting people living at the service to minimise the spread of infection. We noted some bins were not foot operated and did not have lids, this could increase the risk of cross infection. New bins were ordered immediately. Infection control policies were in place, staff received regular infection control training and personal protective equipment was available as required.
- The layout and hygiene practices of the premises were good, and standards of cleanliness were high. Spot checks were carried out to help ensure standards were maintained.
- Visiting restrictions have since been lifted in line with 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 our last inspection we rated this key question Good. At this inspection the rating has changed 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.

- There were good outcomes for people using the service and because there was a strong manager and a settled staff team people were well supported. However we found the provider's quality assurance system was not sufficiently robust to ensure that there was clear oversight of compliance with regulation. We identified concerns including uncovered radiators, pipework, unchecked window restrictors etc. These were addressed immediately and risk was reduced because of people's ability and staff knowledge of people's needs.
- Individual risks were well documented but we had concerns about one person and the management of their epilepsy at night. There was no evidence they ever had a nocturnal seizure but nothing was in place to monitor their health at night which could put them at increased risk of harm. This was addressed immediately and the registered manager was able to evidence they regularly consulted with other health care professionals.
- There was oversight of day-to-day care but the volume of records at the service made it difficult to keep up to date with information and have information to hand. The lack of analysis of data meant we were not assured appropriate actions were always taken. This was being addressed through the introduction digitalized record system which should help in terms of clarity and provide contemporaneous recording.
- Audits were completed regularly but quality reviews of the service in line with the areas CQC look at were not, which might have identified the areas of concern we identified.
- The registered manager was very receptive and dealt with our concerns immediately. The risk of avoidable harm was reduced as people using the service were quite able to manage their own safety and an experienced staff team helped to ensure people received continuity of care.
- An action plan was developed and completed immediately following a local authority visit and review of the service.

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

- People using the service were well supported by staff that knew their needs well and could provide a consistent approach. Relatives were involved in their support and care. Relatives describe the service as, "Second to none." Another stated, "Nothing is too much trouble, everything is perfect."
- Staff described management positively. One staff member stated, "Management are absolutely fantastic, I really feel they are always here for me, incredibly supportive, always have time for me, genuinely lovely people and you feel like you want to do well for them, they are always providing feedback and praise, never

undermine you." This positive culture shone through during our observations and the service was very inclusive.

- People were mostly settled, and their routines were adjusted in line with their needs. Additional training had been provided to staff to help them meet people's needs in a bespoke way and to help reduce their anxieties. People lived a full life and further opportunities were always being explored to help people grow and develop.
- One person told us this was the best place they could have hoped for and felt involved in decisions. Another person told us they felt safe and got on well with the people they lived with.
- Everyone contributed to the smooth running of the house and were actively involved in cooking, shopping, cleaning, and attending activities outside the home.
- Staff confirmed they were consulted and asked for their ideas to develop the service and continue to support people in appropriate ways.
- In terms of CQC guidance: Right care, right culture, right support we were mindful of some practices which were not person centred such as everyone being weighed weekly regardless of whether there was an identified need and everyone choosing to go out together and on holidays together. Since discussing this with the registered manager, they agreed it was not necessary to weigh everyone weekly. We also discussed the storage of medicines in the office and whether a more person-centred approach would be to have medicines in people's rooms and encourage people to be more independent when taking medicines. This suggestion was taken on board.

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 registered manager was aware of informing CQC, the local authority and parents of any incident affecting the wellbeing and safety of people using the service. Records of incidents did not always demonstrate who had been contacted but other actions were recorded. The registered manager encouraged speaking up and had close working relationships with other health and social care partners.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was keen to take on feedback and improve the service, they engaged with others when decisions were made about people's care and considered their wishes whilst seeking input from family members where they had a legal right to make decisions.
- They described having a good relationship with other professionals but not afraid to challenge decisions and the perceived lack of support around funding and lack of resources. For example, people had lost their NHS dentist and now had private dentists.

Continuous learning and improving care.

- The registered manager addressed all our concerns immediately and was constantly striving to provide people with the best quality of care. We discussed how oversight could improve and the registered manager was keen to explore this and came up with some good ideas.
- A number of people had been assessed as having needs which outweighed what the service could provide and had been supported to move on. Another person had met someone, married, and was now living independently but still had support from staff and the friendships they had made whilst at the service. The provider had a separate registration for this.
- Staff confirmed that some recent face to face training had been provided and training covering people's individual needs was provided.