

Anchor Hanover Group

Linwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Linwood is a residential care home for up to 67 in one adapted building across three floors. Linwood provides care to older people who may have a physical disability or may be living with dementia. On the day of the inspection there were 46 people living at the service.

People's experience of using this service:

People told us they felt safe with staff at the service. Staff were aware of what they needed to do if they suspected abuse and the registered manager took robust action if any concerns were raised. There were sufficient staff at the service to support people with their needs.

Staff were aware of the risks associated with people and ensured they were provided the most appropriate care. Safety checks were undertaken at the service and there were plans in place to protect people in the event of a fire. People received their medicines when needed.

People and staff said that the leadership at the service was good and that they felt supported. People were given opportunities to feedback how they wanted their care to be delivered. Audits regularly took place to look at the quality of care.

Rating at last inspection:

The last rating for this service was Requires Improvement (published 1 October 2019). However, there were no breaches of regulation.

Why we inspected:

We undertook a focused inspection to look at concerns we received that related to people not being protected from the risk of abuse. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

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 until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner. We will continue to work with the local authority to monitor progress.

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.

Linwood

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:

Our inspection was completed by three inspectors.

Service and service type:

Linwood 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was present on the day of the inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed 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. 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 four people who used the service about their experience of the care provided. We also observed care and interaction between people and staff. We spoke with five members of staff including the registered manager and care staff.

We reviewed a range of records including care plans, multiple medication records, safeguarding records, staff recruitment records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, and meeting minutes.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We spoke to the registered manager about the recent safeguarding concern brought to our attention prior to the inspection. They told us they had immediately acted on this once they were made aware and appropriate steps were taken. Although the allegation was not substantiated the registered manager took steps to mitigate any possible risks associated with this by increasing staff levels at night and increased their monitoring of staff on the floor.
- People told us that they felt safe with staff. One said, "I think the staff are very good. I just feel they are very helpful, and they are very good with me." Another told us, "They are all lovely, have a good sense of humour." People appeared at ease with the staff supporting them. They smiled and held hands with staff, engaging in short conversations
- Staff understood what constituted abuse and the actions to take if they suspected anything. One told us, "Safeguarding is about trying to protect, encourage and empower people. Make sure we keep everyone and everything secure." Another told us, "We need to protect the residents from abuse. We have to keep them safe. We have to whistleblow if there is nothing done. We have the contacts in the staff room."
- Staff received safeguarding training and discussed any potential safeguarding incidents during team meetings. We saw that where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation.

Staffing and recruitment

- People fed back that they felt there were enough staff to support them. One person told us, "I think there is enough in my opinion. No one shouting the odds or complaining that they are not being helped." Another said, "I think there is enough staff, that's one thing they are good at."
- During the inspection we saw that where people needed support this was provided by staff straight away. The registered manager reviewed the dependencies of people regularly and increased staff levels if needed.
- Staff told us they had sufficient staff on duty each day. One member of staff said, "I do think there is enough staff. If the floor gets more people, they will look at whether more is needed." Another told us, "We have enough staff. We have time to do the activities and engage with them." We observed this on the day of the inspection.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Assessing risk, safety monitoring and management

- People told us they felt risks associated were managed well at the service. One person said, "Staff are very

good if someone needs attention, they will stay very close to them." Another told us, "I can't stand properly. I have a wheeler. I go and sit over on the green." We saw staff stood by to support them person when they moved around.

- Assessments were undertaken to identify risks to people and protect them from harm. These included risks associated with people's mobility, safe evacuation in the event of an emergency, risks of dehydration and malnutrition and risk of choking.
- Staff were knowledgeable about reducing risks to people when giving care. One told us, "If a person has had a fall the previous day then we will take to two carers in with us. We may suggest they use a wheelchair and always encourage them to use their walking frame." Another said, "A lot of people can take day to day risks around the home. They treat the place like a home which is nice, so they go wherever they want to go."
- Equipment was available to assist in the evacuation of people. Fire exits were clearly marked and free from obstruction and fire evacuation plans were displayed throughout.

Learning lessons when things go wrong;

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had behaviours that challenged or where people had fallen. One member of staff said, "If I saw any bruising, I would tell the team leader and report through the skin monitoring form. If someone was upset or behaving differently, I would again report it and also complete a distressed behaviour form."
- All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person had fallen, a sensor beam had been put into place so staff were alerted when they left their room. The registered manager said that their falls had decreased since this measure was put in place. A member of staff told us, "If there are any changes in the residents, we tell the team leaders and make suggestions for them and this will be discussed and passed on to all staff."

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.

Using medicines safely

- People told they received their medicine when needed. One person told us, "They have a list and they make sure I have everything. They are meticulous on that."
- There were appropriate systems in place to ensure the safe storage and administration of medicines. There were medicine rooms on each floor. People's medicines were recorded in all the medicine administration records with a dated picture of the person and details of allergies, and other appropriate information for example if the person had swallowing difficulties.
- There were medicines prescribed on an 'as required' basis and these had protocols for their use.

- A medicine audit was undertaken regularly, and staff had been competency assessed to ensure that they had the skills required to administer medicines.

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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Since starting at the service this year the registered manager had implemented positive changes at the service. They recognised that there were still improvements that needed to be made. We highlighted that some care plans and records were not as robust as they could have been. For example, there were gaps where staff had not always recorded when they had checked on a person. There were also some gaps in care plans around the specific care required for people's health conditions (although staff were aware of what they needed to do). The registered manager told us they were auditing the care records. Soon after the inspection they advised us they had updated the care plan around the health condition.
- There were quality assurance systems in place to monitor the quality of care being delivered and the running of the service. The provider and registered manager undertook regular audits that looked at all aspects of care including mealtimes, staff training, activities, the environment and cleanliness. Each audit included an action of things that required improvement and time scales for these improvements. One member of staff told us, "I think (registered manager) has got good vision. She is trying to implement a lot of good things. She walks around and comes and checks on the floors."

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

- People were positive about the registered manager and the overall management of the service. One person said, "She seems fine, anything I ask for she attends to it. I think the home is well run. It's part of a group and they do keep tabs on things." Another told us, "She is very nice."
- Staff were also complimentary of the registered manager and the leadership team. Comments included, "Management is very approachable" and "The manager is very nice. She always comes to our floors and checks we are okay."
- Staff told us they worked well as a team and valued the good communication between them all. One member of staff said, "Between team leaders and staff communication is good. We work well together."

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

- There was involvement and input from people and their families about how they wanted their home to run. They were continuously asked for feedback through meetings and surveys to look for ways of making improvements. People were also consulted when any changes were being considered for example with the menus and activities.
- Staff attended meetings and were invited to contribute to the running of the service. One staff member

told us, "You can bring up anything you have an issue with. We discussed rotations as you would be on the same floor too much and staff would complain if they had to move from that floor. The new manager made the rotation happen which has been very good."

- Staff felt valued and supported in their role. This was reflected in the comments from staff and included, "I like the staff and the management are very good. I love the residents. It makes me happy to come to work", "I travel far but I do it because I love it so much here" and "They have good benefits in place and wellbeing (is looked after)."

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; Working in partnership with others

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns. We saw from the records that relatives had been contacted where there had been an incident with their family member.

- The provider and staff worked with external organisations that regularly supported the service. This included the local authority, dieticians, speech and language therapists and GPs.