

Care Worldwide (Links) Ltd

The Links Care Centre

Inspection report

The Links
Kismet Gardens
Bradford
West Yorkshire
BD3 7NJ

Tel: 01274028590

Date of inspection visit:
18 March 2019
19 March 2019

Date of publication:
17 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: The Links Care Centre is a residential care home that was providing personal and nursing care to 68 people, including people with complex mental health needs, at the time of the inspection.

People's experience of using this service:

People told us they felt safe and enjoyed living at the Links Care Centre. The service had submitted appropriate safeguarding notifications and staff had received safeguarding training. Some staff knowledge in this area needed improving although staff told us they would not hesitate to report concerns to their line manager. Assessments were in place to mitigate risks to people although some of these needed reviewing and consolidating to reflect current practice. Accident and incidents were analysed to check for themes and reduce the risk of reoccurrence.

Staff were recruited safely and a number of new staff were being recruited. However, there was still a reliance on agency staff. Staff expressed concerns about staffing levels at certain times of the day. We have made a recommendation around planning of staff deployment to ensure safe and consistent staff levels for people. Staff training was up to date or in the process of being completed. Most staff told us training was good and had equipped them for their role.

People told us they received prescribed medicines on time and we saw medicines were generally well managed. People's health care and nutritional needs were met. Where concerns were raised about people, appropriate referrals were made.

The service was compliant with the legal requirements of the Mental Capacity Act. People's consent was sought for care and treatment and advocates were in place where required. However, people were not involved with care plan reviews and more evidence was needed to show who was involved with best interest decisions.

There had been improvements with documentation since our last inspection, although some care plans required further work to ensure they reflected people's current needs. Care plans now also needed to reflect person-centred care and supporting people's independence.

People told us staff were kind and caring. Complaints were treated seriously and appropriately investigated. Regular staff knew people well. However, some staff interaction with people was predominantly task focussed. There was a lack of meaningful, person-centred activities in place.

The management team were keen to continue to drive improvements to the service and improvement action plans were in place. A new manager and clinical lead had been recruited since our last inspection. Most staff said this had made a positive impact on the service. Improvements had been made to checks around the service quality and there was increased provider oversight. The manager acknowledged changes

had been difficult for some staff and staff morale was variable.

At this inspection, we found the service met the characteristics of Requires Improvement in all domains. We identified one breach of regulation relating to good governance. More information is contained in the full report.

Rating at last inspection: The service was rated Inadequate at the last inspection which was published in October 2018. We identified nine breaches of regulation which related to person centred care, dignity and respect, need for consent, premises and equipment, staffing, safeguarding people from abuse and improper treatment, meeting nutritional and hydration needs, safe care and treatment and good governance. The service was placed into Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

Why we inspected: This inspection was planned based on concerns found at the previous inspection and the service rating. During this inspection the service demonstrated improvements have been made and are ongoing. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, further improvements are required.

Enforcement: We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and documentation. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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.

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?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Links Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of four adult social care inspectors and a mental health inspector. An expert by experience attended on day one of the inspection. 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:

The Links Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who was going through the process of registration with the Care Quality Commission. A registered manager is a registered person. 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.

Notice of inspection:

The service was unannounced on both days of the inspection.

What we did:

Before our inspection, we looked at all the information we held about the service. We usually ask the provider to complete a Provider Information Return (PIR), but had not done so on this occasion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed information we had received about the service, for example, from the local authority safeguarding and commissioning teams, and notifications and action plans from the provider.

During the inspection, we spoke with 14 people who used the service, the manager, two regional support

managers, the clinical director, the director of operations, the clinical lead, the training manager, 17 care staff, a team leader, six nurses, the handyperson, the laundry person, two administration staff, an ancillary staff member and the chef. We reviewed 16 people's care records, four staff personnel files and other records about the quality and management of the service.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse

- Since our last inspection, improvements had been made to safeguard people from the risk of abuse.
- Safeguarding referrals had been received appropriately.
- Staff had received safeguarding training and understood how to report concerns about people. However, some staff knowledge about safeguarding was limited.
- People told us they felt safe living at the service. One person commented, "I feel safe, happy and looked after."
- Accurate records and receipts were kept of financial transactions where the service supported people with their personal monies.
- Personal evacuation plans were in people's care records. However, some of these needed reviewing to demonstrate people's individual needs in emergency situations.

Staffing and recruitment

- Safe recruitment processes were in place.
- The provider had a staff recruitment and selection policy. This required appropriate checks to be completed on the suitability of prospective staff before they started work at the service.
- Generally, rotas showed and we saw sufficient staff were deployed to keep people safe and meet their basic care needs. However, some staff told us numbers were stretched at times and we saw this during our inspection. Some staff expressed concerns about staff numbers on units with higher dependency levels, although other staff told us staff numbers were sufficient.
- Staff told us the manager provided extra staff through agency cover when regular staff were unable to cover shifts. However, we saw there remained a large reliance on agency staff in the service. Several staff had left the service since our last inspection.
- Although staff were allocated to a unit, we saw a number, including agency staff, went to help on other units at certain times. People told us the lack of consistency was unsettling. One person commented, "We're not sure of them and they're not sure of us," saying how they felt agency staff didn't really know them as individuals.
- We recommend the service seeks advice and guidance from a reputable source around planning of staff deployment to ensure safe and consistent staff levels for people.
- The manager told us they wanted to reduce the numbers of agency staff and allocate staff to specific units so people received care from consistent staff. We saw the service was awaiting employment checks to be completed on a significant number of care staff and nurses.

Using medicines safely

- Improvements had been made to the safe management of medicines since our last inspection. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People received their prescribed medicines at the correct time, including time specific medicines.
- Medicines audits were in place and stock counts were accurately recorded.
- Medicines errors or discrepancies were documented and investigated.
- Protocols for 'as required' medicines were in place although some required further detail.
- Further improvements were required to the management of topical creams. Some creams did not have the date of opening or body maps completed to show where the cream should be administered.

Preventing and controlling infection

- We found improvements had been made to the environment since our last inspection. We found most areas of the home were clean and tidy.
- However, some bathrooms had items stored on the floor such as a filing cabinet and crash mats which was not in line with good hygiene practices. We spoke with the manager who told us they would take immediate steps to address.
- Cleaning materials were stored safely and securely.
- Staff had access to personal protective equipment such as gloves and aprons and wore these where appropriate.

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

- Since the last inspection a range of risk assessments had been put in place, which provided more assurance over the management of risk. Overall these reflected people's needs but some of these needed consolidating to make information easily available to staff.
- Some risk assessments needed reviewing to reflect current care practices.
- Improvements had been made to the recording of accidents and incidents since our last inspection. These were monitored, reviewed and included lessons learned as a result of the incident. For example, a staff member had used a key to open a fire exit and a person had subsequently left the building through that exit. Following the incident, changes had been made to key access and a new system introduced.
- Safety checks were in place and actions taken when issues noted. Improvements had been made following a fire service visit in 2018.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Improvements were noted in the assessment of people's needs with reference to their choices. More robust documentation was in place to ensure effective care in line with standards, guidance and the law.
- Specialist and adapted equipment was in place where people had been assessed as requiring this.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. One staff member told us, "I have completed my NVQ 5 as part of my personal development. I have completed train the trainer for moving and handling and pressure ulcer training as well. The training is good."
- Training included areas such as MAPA (management of actual or potential aggression) training to help staff deal with escalating behaviour in a professional and safe manner. The training manager showed us evidence of agency staff also having received this training.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

- People's nutritional needs were assessed and weights regularly monitored. We tried a sample of the food which was satisfactory.
- One person commented, "Food good... There is loads of food, portions good."
- Information was available to the catering team about people's nutritional needs and preferences and the menu was flexible to meet people's needs and wishes. The cook told us that he was in the process of reviewing the menu after getting feedback and suggestions from the people who lived at the home.
- Where concerns were raised about people's weight or nutritional status, referrals were made to the GP, dietician or speech and language team (SALT).
- Some people's nutritional care plans needed further information to show how staff were to support people at nutritional risk. For example, how staff were to support a person who required their food cutting up into small pieces where they were at risk of choking but chose to eat in their room.
- Staff were aware who received special diets and thickeners to mitigate the risk of choking. However, the service needed to ensure agency staff were aware of this information to ensure risks were effectively managed.

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

- We saw evidence of staff working with a number of agencies, such as GPs, community mental health teams, opticians and social workers to provide effective care and support.
- People's health care needs were supported. For example, we saw people were supported to attend hospital outpatient and GP appointments. Referrals were made to appropriate healthcare professionals where concerns were raised about people's health.
- Where people required support from other professionals this was actioned, and staff followed guidance provided by such professionals.
- Staff were aware of what action to take if people were unwell or had an accident.

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

- Overall the premises was suitable for its intended purpose. Some areas would benefit from re-decoration as they were tired and/or scuffed.
- We saw improvements were planned for several areas. For example, in the rehabilitation unit, new cooking and laundry facilities were planned as the current arrangements did not fully promote people's independence.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
 - Staff had received training on MCA/DoLS although some staff knowledge in this area needed refreshing.
 - We saw evidence people's capacity to make decisions had been assessed. Where people lacked capacity, best interest processes were followed. For example, we saw a best interest process had been followed for one person to establish whether bed rails were appropriate. ●
- However, in some instances, we saw better documentation was needed about who was involved in the best interest decision.
- Where people had a DoLS in place with conditions attached, we saw evidence these were being complied with.
 - The manager was aware of their legal responsibilities under the Act and kept a DoLS tracker to ensure DoLS were reapplied for and chased up in a timely manner.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People looked comfortable and relaxed in the presence of staff. Comments included, "Happy living here, they treat you like kings. Got everything you want" and "Lovely staff, no complaints... very happy here, can come and go as I please."
- Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at the service.
- During lunch time we observed that some staff did not engage with people and were task orientated. For example, one person was being assisted to eat their meal and staff didn't engage with the person whilst doing this.
- Staff we spoke with understood people's personalities, individual needs and what was important to them. We saw staff generally treated people with dignity and respect, although they didn't have time to spend quality time with people.
- During lunch time on one of the units, two people had an altercation. Staff responded quickly and calmly and the incident was quickly defused.

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

- People's diverse needs and preferences were recorded and regular staff were aware of these.
- Staff listened to people on an individual basis. However, there was a lack of evidence in people's care plans that they had been involved in the review of their care plans on a regular basis.
- Staff said people chose how they wished to spend their time. They said some liked to stay in their rooms, some liked to get up late, and people chose when they wanted to go to bed.
- Advocates were in place where people didn't have anyone to speak on their behalf. One person's advocate told us how things had improved since the last inspection. They said, "Things are much better... unbelievable. (Person's) quality of life has improved immensely." They explained how staff now took the person to places they wanted to go and played music they wanted to hear in their room.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's doors before entering people's rooms. Staff could give examples of how they respected people's privacy and dignity. For example, ensuring they covered people up as much as possible when providing personal care to preserve their dignity.
- One staff member told us, "Knowing the person, you need to know them. Where they came from, their history, culture, background and values. You need to know how to address the person by name. I make sure I ask people for permission before doing anything. I make sure doors and curtains are closed. This is respecting people. I give choices as well. This mean I respect people and keep their dignity."

- Staff language did not always reflect respect for people. For example, we heard staff describing assisting people with their meals as 'feeding' and people who required this as 'feeders.'
- We saw evidence people were encouraged with independence on an individual basis where possible, such as to help cook and clean. However, care planning needed to be more robust in this area to help support people in a more strategic way.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since the last inspection, care plans had been updated and were now of better quality, better reflecting people's needs and preferences. The manager and clinical director told us there had been an initial focus on people's basic care needs to ensure their safety. Person centred and social aspects of people's support plans now needed to be created.

- For example, care planning did not focus on measures to increase people's independence. There was a lack of information recorded on how to meet people's social needs and provide them with meaningful occupation.

- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- We saw a member of staff sitting with a person who was agitated in their behaviour. The staff member spoke quietly to the person and stroked their arm. We saw this was the intervention detailed in the person's care plan.

- However, some care staff said they only looked at care files when they first went to work on the unit. This meant care plans were not always being used as working documents.

- People had not had recent reviews to discuss their goals and future development. A plan was in place to address this through use of a recognised outcome based tool for people with mental health needs.

- People's communication needs were assessed, recorded and highlighted in people's care plans. Staff knew where people had specific communication needs and how to support these. For example, one person was supported with a special keyboard or picture cards when they were having difficulty with communication.

- Monthly reviews of people's care plans and risk assessments were in place. However, these reviews needed to be more meaningful and accurate.

- Nurses received a 'walk round' handover at the start of their shift and they or a representative attended daily '11 at 11' meetings. Clear communication updates were shared between the managers, ancillary staff and nursing team at these meetings. This included information about the environment, staffing and updates about people's health and well-being.

- Some care staff told us communication could be improved as they did not always receive a formal handover about people's care and support needs.

- There was a lack of meaningful activities available to people and interactions from care staff were predominantly task focused. We saw activities co-ordinators had been appointed who were due to commence working at the service shortly.

- However, one person's advocate told us how the service had facilitated positive outcomes for them. They said the person was now communicating, socialising with other people and going out to places they were interested in.

Improving care quality in response to complaints or concerns

- A clear complaints policy was in place and available in easy read format.
- Details of complaints and compliments were recorded. We saw complaints had been fully investigated and appropriate action taken.
- We saw the service had received several compliments including a social care professional who commented, 'Improvements that have been seen in [person's] presentation are fantastic.'

End of life care and support

- The manager told us this was an area in which the service was making improvements.
- We saw some people's care records contained booklets detailing people's end of life wishes and if they did not want to discuss this at present.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The previous registered manager had left the service after the last inspection in July 2018 and a new manager had been appointed by the provider. They were going through the process of registering with the Care Quality Commission.
- The manager understood their legal requirements. Since our last inspection we had received appropriate safeguarding notifications.
- The management team were open to looking at different ways to improve the service and committed to driving quality person centred care.
- The provider had a daily presence in the home. The manager was supported by a clinical lead and regional support managers daily as well as regular visits from the clinical director and director of operations. They told us, "The support is always there... I can ring any managers... Even the owner rings up and asks if I'm okay."
- One person told us, "Run a good ship, not aware of anything wrong, here."
- A person's advocate commented, "The manager is making a big difference to the residents. I'm worried in case this doesn't continue if the management team changes."

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

- Staff felt roles and responsibilities were better understood and there was greater accountability across the service.
- Following the last inspection, a number of improvements had been made. The service was better organised with stronger oversight of care and support practices.
- For example, the manager undertook a greater range of audits, checked the home daily and maintained more robust trackers of when care plans had been audited, reviewed and updated.
- However, although many improvements had been made, the manager recognised the service was on an improvement pathway and further improvements were required.
- During our inspection we found accurate records were not always kept in relation to people's care and treatment and systems to assess, monitor and improve the quality and safety of the service were not always effective.
- For example, although body maps were in place to show where topical creams should be applied, these were not always completed. This meant clear guidelines were not always in place to assist staff knowledge in the administering of prescribed creams.

- Risk assessments were not always reflective of people's current needs. For example, one person's risk assessment stated that staff must keep the kitchen door locked when they left the room to reduce the person's access to hazardous areas. We saw this was not happening in practice.
- We raised this with the clinical lead who said a new management plan was in place, to promote freedom and independence. However, this was not reflected in the records.
- Another person's eating and drinking care plan did not provide clear instructions on the diet they were supposed to follow to ensure their safety. This could increase the risk of choking. Amendments were made to this care plan during the inspection.
- Care plans were not always accurate, person centred and up to date, or focussed on promoting people's independence. Care plan reviews did not involve the person.
- For example, one person's behavioural care plan review, dated 7 March 2019, stated 'no behavioural issues this month.' When we reviewed records, we saw behavioural incidents had been documented on 6 and 9 Feb 2019 and 6 March 2019.
- Another one person's nutrition care plan review stated they ate and drank independently. However, it didn't mention their recent weight gain or the management of their diabetes.

This demonstrates a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We saw evidence staff and people were involved in the service through staff meetings, service user surveys and people's involvement in menu planning.
- Staff morale and feedback about the management team was mixed. Some staff told us they felt very supported and others said they did not.
- The manager told us they were listening to staff to gain their feedback. Some staff told us they did not feel this happened and did not feel valued. One staff member told us, "Change needs to happen but there are ways and means to implement change."
- The manager acknowledged there had been a lot of changes since they came into post which were sometimes difficult for staff to work with.
- Staff said they felt confident in their roles. Most staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work.

Continuous learning and improving care

- The manager was open to change, keen to listen to other professionals and seek advice when necessary.
- The manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- The manager explained the last few months had been a continual learning curve and they were still learning and improving.

Working in partnership with others

- The manager told us they were developing and building relationships with other organisations to ensure co-ordinated care. They were working in partnership with Leeds, Bradford and Kirklees local authorities to drive service improvements.
- The manager and staff work in partnership with other agencies such as the police, district nurses, GPs and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.
- For example, they were working with some people's social workers to obtain information on their past histories

to update their information. This would enable the service to reflect a more person-centred approach to the person's care and support.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Accurate records were not always kept in relation to people's care and treatment. Systems to assess, monitor and improve the quality and safety of the service were not always effective.</p> <p>This was a breach of Regulation 17 (1) (2) (a) (b) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>