

# Regal Care Trading Ltd

# Linden Manor

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 June 2017 and it was unannounced. Linden Manor provides a service for up to 28 people who have a range of care needs including dementia, sensory impairment and physical disabilities. There were eight people living in the service at the time of the inspection.

At our last inspection on 8 June 2016, while improvements had been made, we did not revise the ratings for the key questions; safe, effective, responsive and well-led. As to improve the ratings to 'Good' required a longer term track record of consistent good practice. At this inspection we found the provider had consistently maintained good practice.

Since the last inspection there had been a change of management, a new manager had been appointed and they were going through the process to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations.

Improvements had been made to ensure individual risks were managed in a safe way. People's risk assessments reflected their current needs.

Improvements had been made to ensure robust recruitment checks were carried out and the staffing numbers were sufficient to meet the needs of people currently using the service.

Improvements had been made to ensure people were protected by the prevention and control of infection.

The service worked to the Mental Capacity Act 2005 key principles. People's consent was sought in line with legislation and guidance. Improvements had been made to ensure assessments of capacity were carried out where needed.

People were supported to receive sufficient nutrition and hydration and maintain good health. Systems were in place to ensure that health conditions were consistently monitored and people had access to the support of healthcare professionals in a timely manner.

People received personalised care that was responsive to their needs. Improvements had been made regarding internal quality monitoring systems, to support the service to deliver good quality care.

People felt safe living at the service. Staff had been trained to recognise signs of potential abuse and keep people safe.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Staff had the right skills and training to meet people's needs, they were motivated to provide care and support in a caring and compassionate way. People's privacy and dignity was respected and promoted.

Systems were in place to enable people to raise concerns or make a complaint. The quality monitoring systems had been strengthened to ensure that routine management checks were carried out to cover all aspects of the service delivery.

## 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.

Staff knew how to protect people from avoidable harm and abuse.

Risk management systems ensured risks were identified and managed in a safe way.

Sufficient numbers of suitable staff were available to meet the needs of people currently using the service.

The staff recruitment procedures were robust.

People's medicines were managed in a safe way.

### Is the service effective?

Good ●

The service was effective.

Staff had the right skills, training and support to meet people's needs.

Systems were in place to assess people's capacity to make decisions.

People were supported to maintain good health and have access to relevant healthcare services.

People were supported to have sufficient to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff listened to people and supported them to make their own choices and decisions.

People's privacy and dignity was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint.

### Is the service well-led?

Good ●

The service was well- led.

A new manager had been appointed and they were providing effective leadership at the service.

The service promoted a positive culture that was person centred, inclusive and empowering.

Quality monitoring systems were used to consistently deliver good quality care.

# Linden Manor

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 15 June 2017. It was carried out by one inspector.

We looked at information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC). In addition, we asked for feedback from the local authority, which have a quality monitoring and commissioning role with the service.

During the inspection we spoke with six people using the service. We spoke with the new manager, the area manager and five care staff, including senior care staff. We reviewed the support plans, risk assessments and other associated care records for three people using the service. We reviewed three staff recruitment files, staff training and supervision records. We reviewed medicines records and storage and records in relation to the continuous quality monitoring of the service.

# Is the service safe?

## Our findings

At our last inspection on 8 June 2016, while improvements had been made, we did not revise the ratings for the key question safe, as to improve the rating to 'Good' required a longer term track record of consistent good practice. At this inspection we found the provider had consistently maintained good practice.

People told us they felt safe using the service. One person said, "I am looked after very well, I felt very safe." The staff were able to describe to us how they kept people safe. We saw that people had individual risk assessments in place to assess potential risk to them, for example, the risks of developing pressure sores due to poor mobility. We also saw that corresponding care plan plans were in place for staff to follow to manage the risks. Risk assessments were being reviewed on a regular basis and as and when people's needs had changed.

During the inspection we observed staff assisting people to mobilise safely using mobility aids where needed to minimise the potential for falls to occur. We saw that records were maintained of incidents and accidents that had occurred and they were closely monitored to identify any patterns and minimise the likelihood of a reoccurrence.

People had personal emergency evacuation plans (PEEPS) in place for staff and emergency services to follow, should there be a need for an emergency evacuation from the building. Fire, gas, water and electrical systems and equipment were appropriately checked and maintained by certified engineers.

Staff told us they thought the staffing levels were suitable to meet the needs of the eight people currently using the service. The manager and the area manager told us that as capacity increased the staffing levels would be increased accordingly, to meet the needs of the people using the service. We observed throughout the inspection that staff spent time with people and were able to meet their needs in a timely manner. The staff recruitment files reviewed evidenced that safe recruitment practices were followed. Records included identity checks, references and clearances through the Government body Disclosure and Barring Service (DBS).

Staff were trained to recognise signs of potential abuse and how to report it. One member of staff said, "If I witnessed or thought any resident was in danger, I would report it to the manager without any hesitation." Other staff confirmed they knew how to raise safeguarding concerns and how to report any accidents or incidents, to senior staff or the manager, so that people could be kept safe.

We observed that people were relaxed in the presence of staff and often looked to them for support and reassurance. Records confirmed that staff had received training in safeguarding and that the home followed locally agreed safeguarding protocols.

Systems were in place to ensure people's daily medicines were managed so that they received them safely. People confirmed they received their medication safely and staff confirmed they had received training on the safe administration of medicines. They demonstrated a good awareness of safe processes in terms of

medication storage and administration and records were appropriately.



# Is the service effective?

## Our findings

At our last inspection on 8 June 2016, while improvements had been made, we did not revise the ratings for the key question effective, as to improve the rating to 'Good' required a longer term track record of consistent good practice. At this inspection we found the provider had consistently maintained good practice.

People received effective care from staff with the right skills and knowledge. Staff told us they received regular training which gave them the skills and knowledge they needed to support people. One staff member said: "The training is good, I feel I have all the training I need." Another staff member said, "We do a mix of training, some on line training, and some face to face training, I did the dementia tour training I found it really helped me get a feel of what it can be like for people living with dementia."

An electronic training record provided information to enable the manager to review staff training and see when updates and refresher training were due. The information included induction training and specific training to meet the conditions of people using the service. The staff confirmed they met with their supervisors to discuss their learning and development needs and records showed that staff received appropriate support and supervision. Group staff meetings took place to enable the manager to meet with staff collectively, to discuss the needs of the service and disseminate information to staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training on the MCA and DoLS and this was also evidenced in the staff training records.

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 were being met. We found that systems were in place to assess people's capacity and appropriate DoLS applications had been submitted to the local authority for authorisation.

We observed staff supported people to make their own decisions and choices about their day to day care. They demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible.

People told us they liked the meals at the service. One person said, "The food is lovely, its home cooked." We saw that people were offered a choice of meals daily and the cook had a good understanding of each person's individual nutritional needs. We saw that a choice of meals, snacks and drinks were readily available. People's nutritional needs were assessed and people at risk of not receiving adequate nutrition

and hydration had their food and drink intake closely monitored. People's weight was appropriately monitored, to support staff in recognising potential health problems with weight loss or gains. In response to any concerns the GP was contacted and referrals were made to the relevant healthcare professionals for additional support. Records demonstrated that referrals had been made to the relevant health professionals when people's needs had changed.

# Is the service caring?

## Our findings

People told us the staff were kind and compassionate and they spoke fondly of the staff that provided their care. One person said, "The staff are very kind and thoughtful, I love it here, we can have a laugh and a joke together."

Staff demonstrated that they were caring and had a person centred approach. We observed many positive interactions between staff and the people using the service. The staff spent time with people, having conversations. They responded promptly to people's requests for support.

There was a relaxed, light hearted atmosphere and we heard laughter between people using the service and staff. Records showed that people were encouraged to share their life story; to enable staff to know them better and understand their individual preferences and personal histories. We saw life story booklets that had been completed by people or their families, which provided information about each person's family and friends, past occupations and significant memories.

People were involved in making decisions about their care and day to day routines. We observed that staff listened to people and them and provided information in a way that was appropriate for each person. We saw staff gave people time to respond and checked that they were happy with the support and care provided for them, they explained what they were going to do beforehand and offered encouragement and reassurance where needed.

People's privacy and dignity was respected and confidential information was stored securely. We observed staff sensitively responded to people's requests for assistance in meeting their personal care needs. The staff ensured people's dignity was maintained at all times.

People were encouraged to maintain relationships with friends and family and no restrictions were place on visiting the service. Information was available on advocacy service, but at the time of the inspection no people required the support of an independent advocate.

People's records were stored securely on an electronic system that was password protected and only accessed by staff authorised to do so.

## Is the service responsive?

### Our findings

At our last inspection on 8 June 2016, while improvements had been made, we did not revise the ratings for the key question responsive, as to improve the rating to 'Good' required a longer term track record of consistent good practice. At this inspection we found the provider had consistently maintained good practice.

We saw that pre- admission assessments had been carried out and the information gained from the assessments formed and initial care plan that was put in place. People's care plans were stored on an electronic system and accessed only by staff that had the authority to do so. The care plans provided sufficient information for staff to enable them to meet people's care and support needs. They were reviewed and updated regularly; to ensure the care and support being provided to people was still appropriate to meet their needs. People and /or their representatives had signed their care plans to give consent and agreement to the care provided.

People told us they thought there was sufficient activities to keep them occupied. They spoke of enjoying the entertainment provided by visiting singers and musicians. One person told us they liked arranging flowers and during the inspection a member of staff brought the person a bunch of fresh flowers for her to place into a vase. One gentleman told us he preferred to watch television and read the newspapers. We observed people conversing with each other and it was clear they had made close friendships. Daily records showed that activities were offered to people and these were tailored to people's needs.

People told us they knew how to make a complaint or raise a concern. They said the staff were approachable and that they would feel comfortable speaking out if they were unhappy with any aspect of their care. Record of complaints and compliments were held at the service, the manager said they took all complaints seriously and records also demonstrated this, they were clearly detailed with the actions taken to address the complaints. We also reviewed records of compliments received by the service, which demonstrated the gratitude people and families had for the staff that had provided their care.

## Is the service well-led?

### Our findings

At our last inspection on 8 June 2016, while improvements had been made, we did not revise the ratings for the key question well-led, as to improve the rating to 'Good' required a longer term track record of consistent good practice.

People told us they found the manager friendly and approachable, one person said, "She seems very friendly, she comes and says hello to us." The staff also confirmed they found the manager approachable and supportive. One member of staff said, "We all work as a team, we respect each other and value each other's contribution. We are all here for the same reason to look after the people and make their lives better."

People were involved in developing the service, regular resident and relative meetings took place and people were invited to complete satisfaction surveys. We saw the minutes of resident meetings, where people had been asked to provide feedback about their care, the food, and the provision of activities and that positive comments were received from people and their relatives.

Systems were in place to ensure notifiable incidents were reported to the Care Quality Commission and the local safeguarding authority in a timely way. Records showed that this was happening as required.

The manager and the area manager informed us of the audit systems that were used to continually monitor the quality of the service. We saw that checks to all aspects of the service were being carried out as scheduled by the manager and the area manager and areas identified for improvement were acted on within the timescales set. In addition to the scheduled audits the manager carried out spot checks on areas such as medicines records and storage and the environment. This showed that arrangements were in place to monitor the quality of service and consistently drive improvement.