

Cinnabar Support and Living Ltd

Linford Grange

Inspection report

16 Lakes Lane
Newport Pagnell
Buckinghamshire
MK16 8HP

Tel: 01908217096

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Linford Grange is a residential care home providing personal and nursing care to 14 people at the time of the inspection. The service can support up to 20 people. The service supports a wide range of people including older people, people living with dementia and a learning disability.

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

There were ongoing improvements being made to the premises to make them safe and suitable for people using the service. The manager prioritised the improvements needed to the laundry room to reduce the spread of infection. Staff wore appropriate PPE. There was regular COVID-19 testing and the government guidance had been followed.

People felt safe although further action was needed to promote their safety. Risk assessments and care plans had been updated to provide clear guidance for staff to follow. People received their medicines safely. Staff were trained to administer medicines and their competency continued to be assessed.

The staff recruitment processes had been strengthened to ensure pre-employment checks were carried out in full. People told us there were enough staff available to support them although on occasions there had been some delay.

Staff had completed safeguarding training and recognised the signs of abuse and knew how to report concerns of potential abuse or poor practice.

The manager had begun the process to be registered with the Care Quality Commission (CQC). People, relatives and staff spoke positively about the manager, who they described as approachable, supportive and addressed issues as soon as practicable.

The manager had identified improvements were needed to the service as the quality monitor oversight and governance systems had not been used effectively. A service improvement plan was developed, which covered all aspects of the service. Some improvements had been made to reduce risk to people's safety however, further action was needed to fully embed these.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not fully able to demonstrate how they were meeting some of the underpinning principles of 'Right support, right care, right culture'. This was because the service supported people with a range of

needs and staff required further training to support people with a learning disability and autism. Care plans were being updated and personalised to enable staff to promote people's dignity, rights, and support them to lead confident and inclusive lives. The provider was committed to investing in the service to improve the environment to promote people's safety and wellbeing.

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

Rating at last inspection

The last rating for this service was requires improvement (published 6 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. The inspection was prompted in part due to concerns received about risks to people, medicines management and leadership of the service. We decided to inspect and examine those risks. This report only covers our findings in relation to the key questions of Safe and Well-Led which contained the requirement.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. 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 Linford Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Linford Grange

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

This inspection was carried out by one inspector.

Service and service type

Linford Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who had started in April 2021. They had begun the process to be registered with CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the action plan. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority who work with the service

and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, a team leader, support worker and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with four relatives of people who use the service, a professional and the provider's operations director.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Communal areas were clean and regular cleaning took place. Improvements were needed to the laundry room to reduce the risk of cross infection as there was exposed brickwork, flooring and exposed ceiling cables. The manager took action to reduce the risk as far as possible. Quotes were being sourced from contractors for the improvements and plans developed to ensure people's clothing continued to be laundered.
- We were assured that the provider's infection prevention and control policy was up to date. The communal areas and bedrooms were cleaned regularly and there were sufficient stocks of PPE and hand sanitisers. Most staff were observed to use PPE correctly and disposed of it safely. The manager took swift action when face masks were not worn correctly by staff.
- People were admitted to the service safely. Staff monitored people's health, checked their temperatures daily and knew how to support people who needed to isolate.
- We were assured that the provider was accessing testing for people using the service and staff. There was a designated room and regular testing for staff, people using the service and visitors.

Assessing risk, safety monitoring and management

- People felt safe and protected from risk of avoidable harm. People said, "Staff all have to wear [face] masks to protect everyone here because of the virus" and "I've got no concerns with how staff care for me. I use the remote to raise and lower the bed." People required varied level of care and support. A person told us staff had supported them to recover from ill health and they were able to live more independently.
- Risks to people had been assessed when they first moved to the service. The new manager had identified these were not accurate and had updated them to reflect people's current risks, such as falling risk, developing pressure sores and people with specific dietary needs. Care plans provided clear guidance for staff to follow to manage those risks. People were provided with suitable foods provided to meet specific dietary needs. People who were cared for in bed were re-positioned regularly to reduce the risk of developing pressure sores and had the emergency call bell within reach should they need to call for assistance.
- Risk assessments were in place for known risks to people. These included health, behaviours and equipment risks. Staff showed good insight how they reduced risks to people. Corridors were clear of obstacles and the furniture in the dining room and lounges was not moved so people who use walking aids and were visually impaired could move around safely and independently.
- There was regular maintenance and servicing of fire safety systems, gas, electrical systems and equipment. Fire testing took place regularly and the exits were clearly marked and were accessible. There was ongoing refurbishment of the service. Some areas had new flooring to make it safe and hygienic,

bedrooms and a lounge had been decorated. Health action plans and emergency evacuation plans were in place to enable staff to support people in an emergency.

Using medicines safely

- People received their medicines as prescribed. One person said, "I take my tablets in the morning. If I have any pain, I tell the staff." Medicines were administered individually, and the medication administration records (MAR) was completed in full and accurately.
- Staff involved in handling medicines had received training. The deputy manager continued to assess staff competency to ensure medicines were administered safely.
- Medicines received were stored, administered and disposed of safely. Daily temperatures were checked for all the medicines stored to ensure they remained safe and effective when used.
- People's care plans had been updated to include their prescribed medicines, and the level of support they needed. Protocols for medicines to be administered 'as needed' were in place to ensure staff had clear guidance to follow as to how and when to administer these medicines. When people lacked capacity to make decisions about their medication, records showed best interest decisions were made with the involvement of relevant people and professionals.

Staffing and recruitment

- We received mixed feedback about the staffing levels but no one felt unsafe. People said, "Staffing in the week is ok. Sometimes at the weekend I have to wait but they do come." And, "There has been difficulties due to change in managers, high staff turnover and the pandemic. It is slowly getting better. [Manager] and [staff], my keyworker have been brilliant." Relatives we spoke with had similar views but were confident their family member's needs were met by staff.
- A staff member said, "It's better now as [manager and deputy manager] will come onto the floor to help if needed; there's two staff and a third one has to be with [name] at all times." The staff rota showed the required numbers of staff were on duty. Staff absences had been covered by existing staff with the exception of a couple of days, which was known to the manager. New permanent and bank staff had started their induction training to improve the continuity of care.
- Staff recruitment procedures had improved and records confirmed pre-employment and identity checks were carried out. They included a check with the Disclosure and Barring Service which helped to support safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff and the care they received. A person said, "I do feel safe now since [manager] started. Staff are really good to me; they pop in day and night to see if I need anything. I've got the call bell too." A relative said, "[Person] is ok, [they are] safe because staff knows [them]."
- People were protected from the risk of abuse. Staff were trained in safeguarding and whistleblowing procedures and knew how to report concerns. A staff member said, "A lot of the residents are vulnerable and at risk because they don't understand what could happen to them. If I saw anything I would tell the manager. I can call CQC and social services. I know [manager] will investigate and report it to everyone that needs to know."
- Information about safeguarding and whistle-blowing procedure was displayed in easy read and pictorial format so people could to understand how to raise concerns.

Learning lessons when things go wrong

- A system was in place to record and monitor for trends in incidents and accidents, so action could be taken. We had received notifications about medicine errors and concerns. Staff told and records showed no one was harmed. The new manager had used the information from these incidents as a learning

opportunity and made improvements to how the medicines were stored and administered to reduce further risks of errors happening again.

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 requires improvement. At this inspection this key question remains the same. 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.

At the last inspection provider had failed to notify the Care Quality Commission about events they were legally required to do so. This was a breach of Regulation 18 Registration Regulations - Notification of other incidents. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

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 provider and manager understood their role and responsibilities under the duty of candour. This requires providers to be open and honest with people when things go wrong with their care, giving people support and providing truthful information and a written apology. We saw evidence of duty of candour, for instance discussions had taken place with people, their relative and professionals when incidents had occurred and actions were taken to reduce further risks.
- Notifiable incidents had been reported to the Care Quality Commission (CQC) and other agencies such as the local safeguarding authority. Records showed incidents had been shared with people's relatives, which demonstrated openness.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a manager. They had begun the process to be registered with the CQC. The previous inspection rating and report had been displayed within the service. The operations director assured us they would take steps to ensure the service registration details were correct.
- The manager had identified the provider's quality monitoring audits had not always been used effectively to identify shortfalls. They developed a service improvement plan to monitor progress and record any new issues found. Action had been taken to reduce risks to people for instance care plans and risk assessments were updated to enable staff to support people safely. Staff competency and spot checks were used to monitor staff practices. Training was planned to ensure staff had the skills needed to provide effective care. Refurbishment of the service was ongoing to ensure people lived in a safe and suitable environment. The audits and monitoring of care plans, risk assessments and records required embedding and reviewing to ensure these were accurate and kept up to date.
- People using the service spoke positively about the manager. Comments included "I spoke with [manager] about my concerns and she's been absolutely great in dealing with it" and "[Manager] has made a positive difference to my life compared to the previous management, she knows me, listens to me and sorts out problems."

- Staff understood their role and responsibilities. The felt confident to approach the manager and knew how to use the whistleblowing procedures. A staff member said, "[Manager] is brilliant, her and [deputy manager] have been really supportive to staff and the residents. They have uncovered things and are trying to put it right."
- The provider's policies, procedures and business continuity plan took account of the pandemic to ensure people continued to receive the care they needed.

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

- Communication was improving. Relatives told us they had not always received updates about their family member and telephone calls were not answered. One relative said, "Visiting appointments are difficult to make because no one answers the phones especially at the weekends." Another relative told us the management had not informed them when their family member had fallen in the last year though had had more contact with the current manager.
- A professional told us there had been lack of consistency in the care people received, guidance for staff to follow and leadership, as the service had had a number of managers. However, they found the current manager was keen to work with them to ensure people received the right care and support.
- The culture within the service was changing. The manager recognised staff were caring and dedicated. The manager was supported by the provider to develop the service to promote people's independence, so they could live confidently and achieve good outcomes.
- Staff felt listened to and supported to make a difference to people. Staff handover meetings were informative and provided an update on people's health and wellbeing. These were recorded, so staff could refer to these as needed. People spoke positively about their named key workers who they could talk to. A staff member said, "We've got a good staff team, all work really hard and care for our residents." Staff training was being updated. Staff appraisals were used to provide feedback on their performance.

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

- We saw people appeared relaxed and comfortable to talk with staff and ask for support when needed. Staff checked on people who were cared for in bed or preferred to stay their room.
- We saw people's views about the service had been sought individually and through meetings. The last survey results were mixed in relation to opportunities to take part in activities and the environment, but there was no evidence as to the action taken. The manager told us a further survey would be carried out once they had addressed the priority improvements needed.

Working in partnership with others

- The local authority and Healthwatch had inspected the service. The manager was taking action to address the issues found. Some of the issues found were similar to what we found.
- The manager continues to develop links with health and social care professionals to ensure relevant and accurate information is shared to benefit the people living at the service.