

Linfield Care Limited

# Linfield Care Limited - 37a- 38a Eastgate Street

## 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

37a-38a Eastgate Street is a domiciliary care agency and supported living service. It provides personal care to people living in their own homes. It provides a service to people with a learning disability. At the time of our inspection 21 people were being supported.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."Registering the Right Support CQC policy.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 about how the service is run.

People continued to receive safe care. Individual risks to people were considered and reviewed when needed. There were enough suitably recruited staff available to offer support to people and medicines were managed in a safe way. There were safeguarding procedures in place and these were followed when needed. Infection control procedures were in place and followed. There were systems in place to ensure lessons were learnt when things went wrong.

People continued to receive effective care. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved with preparing their meals and were supported to make choices. Staff received training and an induction that helped them to support people. When needed people received support from health professionals.

People continued to be supported in a caring way by staff they were happy with. People's privacy and dignity was promoted and people continued to be offered choices. People were encouraged to be independent and maintain relationships that were important to them.

People continued to receive responsive care. Staff knew people well and their preferences were considered. People had the opportunity to participate in activities they enjoyed. Complaint procedures were in place and followed when needed.

The service remained well led. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. The provider notified us of significant events that occurred within the home. Feedback was sought from people and their relatives and this was used to bring about changes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●

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## **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.

The inspection took place on 6 and 7 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by two inspectors.

The provider had completed a Provider Information Return (PIR). This 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 checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used all this information to formulate our inspection plan.

We used a range of different methods to help us understand people's experiences. We visited two people in their home and made telephone calls to two relatives. We spoke with three members of care staff and one of the providers. Office staff were also available to support us during our inspection and attended our feedback.



## Our findings

At our last inspection in January 2016, we rated Safe as Good. At this inspection Safe remains rated as Good.

People continued to feel safe. One person said, "We have to check that the door is locked at night and we ask staff for ID when they come." A relative told us, "When my relation is having a bad patch they fall due to seizures and easily injures themselves, staff have clear protocols on what action they should take." We saw when people needed support to keep them safe there was guidance and risk assessments in place for staff to follow, these were reviewed and updated when needed. Staff we spoke with were aware of these plans and action they needed to take. When incidents had occurred within people's homes, risk assessments had been reviewed to reflect people's changing needs. When people needed equipment, this had been maintained and tested to ensure it was safe to use. This showed us people continued to be supported safely.

We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from their home in an emergency situation. The information that was recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need.

Staff continued to understand safeguarding procedures and had received training in this area. Procedures were in place and displayed around the office to ensure any concerns about people's safety were reported appropriately. Staff told us there were copies of these procedures in people's homes and staff held a card with this information. We saw when needed these procedures were followed to ensure people were protected from potential harm. We looked at three staff recruitment files and saw pre-employment checks were completed before staff could start working in the home. A staff member who had recently started working in people's home told us they had received all the relevant checks. This demonstrated the provider ensured staffs' suitability to work with people within the home.

There were enough staff available to meet people's needs. One relative told us, "Linfield are good on recruiting. There is some staff turnover and staff have been thin on the ground, however they pull together and we have never had a situation where there have been no staff. Management staff step in if needed." We saw staff were available to offer support to people when needed and deliver people's assessed care hours. Staff we spoke with and the provider confirmed there were enough staff available for people.

People continued to receive their medicines when needed. We saw when people were prescribed 'as required' medicines there was guidance known as PRN protocols available for staff to follow to ensure people had these medicines when needed. We saw in people's homes medicines were appropriately stored. There were care plans and risk assessments in place identifying how people were supported with their medicines. There were effective systems in place to store administer and record medicines to ensure people were safe from the risks associated to them.

There were systems in place to ensure infection control procedures were followed within people's homes. For example, staff told us and we saw protective personal equipment including aprons and gloves were used within the home.

We saw there were systems in place to ensure learning could be considered when things went wrong. For example, following a recent audit by the local authority it was identified that not all staff were fully aware of safeguarding procedures. The provider had implemented an action plan identifying how improvements could be made. We saw a booklet had been produced for staff with all the necessary information for them to follow. This meant the provider had systems in place so that improvements could be made and lessons learnt.



## Our findings

At our last inspection in January 2016, we rated Effective as Good. At this inspection Effective remains rated as Good.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw when needed capacity assessments were in place and decisions made in people's best interests. The provider used a decision-making tool to help support people to make decisions. When people had restrictions placed upon them DoLS had been considered and applications for this had been made to the local authority responsible for this. The staff we spoke with had an understanding of MCA and how to offer support to people.

Staff received training and an induction to support people. One staff member told us about their induction and how they had the opportunity to have face to face training. They spoke about the organisation and how the induction focused on the values of the company. They also told us they had the opportunity to shadow in people's homes until they felt competent to work independently. Staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support.

Staff competency checks were also completed, in areas such as medicines management; which ensured staff were providing care and support effectively and safely. The provider told us how they had implemented the Care Certificate for all new starters as part of their induction. The Care Certificate has been introduced



nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

People enjoyed the food and were involved with planning and preparing it. We saw people had access to the kitchen and they were able to make whatever they chose for their meals and drinks. Staff we spoke with told us how they supported people to prepare and cook and they were aware of the levels of support people needed. People's records we looked at had considered nutritional risks and when needed people received support with this.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made in a timely manner. We saw referrals had been made to relevant professionals when needed this demonstrated when a person needed access to health professionals it was provided for them. Staff told us how they worked closely with the GP and other health professionals to ensure people's needs were reviewed and considered. Records confirmed that when needed people had been seen by the GP, dentist and chiropodist. During our inspection two people attended an appointment with a health professional.



## Our findings

At our last inspection in January 2016, we rated Caring as Good. At this inspection Caring remains rated as Good.

People and relatives told us they were happy with the staff that supported them. When we visited people in their homes we saw the atmosphere was relaxed and friendly. We saw staff laughing and joking with people. People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We always knock the front door when we get here and the [person] will let you in." Another staff member said, "Making sure we don't talk in front of others if people don't live alone. Making sure the bathrooms and bedroom door is closed when people are in there." Records we looked at considered how people's privacy and dignity could be upheld.

People were encouraged to be independent. Staff gave examples of how they encouraged people to remain independent. One staff member said, "We encourage people to do what they can for themselves and then we help with the bits they need more support with." We saw the care plans in place reflected the levels of support people required.

People were encouraged to make choices about their daily routine. People had activity and menus in place for the week that staff had supported them to develop. Staff told us that people had a day a week where they chose where they would like to go. Staff told us they encouraged people to make daily choices, including what clothes to wear and if they would like a bath or a shower. The care plans we looked at considered people choices and preferences throughout and staff provided support accordingly.

People were encouraged to maintain relationships that were important to them. Records confirmed and people told us they were encouraged to visit family member and friends. Relatives we spoke with told us the staff were welcoming and they could visit anytime.



## Our findings

At our last inspection in January 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

Staff knew about people's needs and preferences. A relative told us, "Staff are all introduced gradually. Linfield are sympathetic in selecting staff, matching them to my relations needs." Staff told us they were able to read people's care plans to find out information and new information was also shared with staff through handover and the use of a communication book that was in people's homes. One staff member said, "We are a close team we are always communicating and helping each other out. It is important we share information so we have the most up to date information about people."

We saw people's cultural needs had been considered as part of the assessment process. At this inspection no one was being supported with any specific needs in relation to this. People had care plans in place to ensure staff had information available how they communicated. Information was available in different formats and some people used pictures or photographs to help them to understand information. Other people used technology to ensure they could receive support when they needed or to support with communication.

People were given the opportunity to participate in activities they enjoyed and confirmed this to us. Displayed around people's homes were pictures of activities people had participated in. There was an activity planner in place for the next week which gave details about what was going on in the home for people to participate in. This meant people had the opportunity to participate in activities they enjoyed.

The provider had a policy and a system in place to manage complaints. We saw that when 'grumbles' or complaints had been made. The provider had investigated these and responded to them in line with their policy. We did not speak with anyone who had made a complaint however other people and relatives we spoke with told us they knew how to complain. They told us they currently had no concerns.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.



## Our findings

At our last inspection in January 2016, we rated Well-Led as Good. At this inspection Well-Led remains rated as Good.

Quality checks were completed within the service. These included checks of medicines management, reviews of people's behaviours and incident and accidents. We saw the information was collated and analysed so that any trends could be identified. Where concerns with quality had been identified we saw that an action plan had been put in place and improvements made.

Staff felt they were listened to and if changes were needed then the management team would take action. Staff told us they had the opportunity to attend team meetings. Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. This showed us that staff were happy to raise concerns and were confident they would be dealt with. The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the office in line with our requirements.

The provider sought the opinions from people who used the service, relatives and staff. Satisfaction surveys were completed. Where areas of improvements had been identified the provider demonstrated how they had used this information and how they had made changes to the service.

We saw that the home worked closely with other partnership agencies. The provider gave us example how they had worked with the local authority and local universities as part of pilot schemes to develop services for people with learning disabilities.