

Care Community Limited

Linden House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 and 10 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a breach of the Care Quality Commission (Registration) Regulations 2009.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. A previous focused inspection took place on 4 February 2015. You can read the report from our last comprehensive inspection and the last focused inspection by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

People were still at risk from the appointment of unsuitable staff because improvements had not been made to staff recruitment practices.

There were sufficient numbers of staff to support people.

Improvements had been made to the support provided to staff in terms of training and meetings with senior staff.

People's health needs were being met through regular appointments with health care professionals.

At the time of our inspection the service did not have a registered manager. 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Action had not been taken to fully improve safety.

Recruitment checks were still not fully completed before new staff were employed.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Action had been taken to improve the effectiveness of the service.

Staff received adequate support and training to make sure they had the skills and knowledge needed to meet people's needs.

People's health needs were being met through regular health care appointments.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Linden House

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.

We undertook an unannounced focused inspection of Linden House on 29 June 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 9 and 10 October 2014

inspection had been made. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service effective? This is because the service was not meeting some legal requirements.

Our inspection team consisted of one inspector. We spoke with the manager and deputy manager of the service. We spoke with one person using the service, a team leader and two other members of staff. We examined records relating to the care and support of people using the service and one staff recruitment file. Following our inspection we contacted a specialist diabetes nurse involved in delivering training to staff at Linden House.

Is the service safe?

Our findings

At our inspection of October 2014 we found staff recruitment practices at the home did not protect people from staff who may be unsuitable to work with vulnerable people. Two staff had been appointed in 2014. There were gaps in their employment history. The provider had not been able to verify whether people had previously worked with vulnerable adults or children during this period of time. There was evidence a satisfactory Disclosure and Barring Service check (DBS) had been obtained. Disclosure and Barring Service (DBS) checks had been carried out for other staff. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the staff recruitment file for the one member of staff employed since our inspection in October 2014. The deputy manager explained that the person was working under supervision at all times and this was based on a completed risk assessment. However they had been employed without checks of their conduct during previous employment or verifying their reasons for leaving previous employment which involved caring for vulnerable adults. In addition a new DBS check had not been obtained although a copy of the staff member's DBS check from a recent previous employment was on file. The manager told us some documents relating to the staff member's recruitment had been lost although it was not clear which documents.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of October 2014 we found there were not sufficient numbers of appropriate staff to keep people safe and meet their needs. There were times when people had not been supported by sufficient numbers of staff. Timesheets recorded when there had been a shortage of staff in July, August and September 2014. A social care professional told us they had contracted for a person to have allocated hours with one member of staff each day to make sure they were able to go out into the local community and participate in a wide range of activities. They said the person had not been receiving this individualised support.

At this inspection we discussed staffing levels with the manager. There were four people living at Linden House instead of the six living there when our October 2014 took place. The manager and the deputy manager told us staffing levels had not been reduced. The rota showed that consistent staffing levels had been maintained. The manager also told us there had been changes to how one person was supported. The person was not accessing the community as often although extra staff would be made available if they were needed. Agency staff could be used to cover staff shortages if required. However the preference was to use staff working at other homes operated by the registered provider who would be more familiar with people using the service. We spoke with two members of staff who told us there were enough staff at Linden House to ensure staffing was at safe levels.

Is the service effective?

Our findings

At our inspection of October 2014 we found staff did not always receive adequate support and training to make sure staff had the skills and knowledge needed to meet people's needs. We discussed with staff the support they provided to two people living in the home who had diabetes. They were unable to give a detailed picture of their needs in relation to their diet or their health care. They confirmed they had not received any training in this area.

At this inspection we found improvements to how staff were supported. Staff told us they had received regular individual meetings called supervision sessions with the manager or a senior member of staff. They told us these could be used to identify areas such as training needs. Since our October 2014 inspection staff had received training such as infection control, Mental Capacity Act and food hygiene. The action plan we received stated in relation to diabetes training, "most staff have received training, remainder of staff to receive training in January 2015". Twenty out of thirty seven staff employed by the registered provider had completed an introduction to

diabetes and blood glucose meter training, other staff were booked to attend the training in July 2015. This was confirmed by the specialist nurse providing the training. One person we spoke with confirmed they were satisfied with the support they received from staff.

At our inspection of October 2014 we found people's support to manage their health care was inconsistent. Most people's health needs were well managed but for people with specific conditions such as diabetes or people in need of foot care, routine checks with the appropriate health services had not been arranged.

At this inspection we found improvements to the support provided to people to meet their health needs. For example we saw how people had reviews of their diabetes with their GP. Where dietary advice had been given for a person with diabetes this was being followed with suitable meals provided. A Podiatrist had visited the home every six weeks to provide care and treatment for people's feet. People had support plans for foot care and records showed where they had received treatment from the podiatrist. People were also attending optician appointments where necessary.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.</p>