

Weston-super-Mare Free Church Housing Association Limited

The Links

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

About the service: The Links is a residential home. It provides accommodation and personal care for up to 13 older people. At the time of the inspection there were 11 people living at the service.

People's experience of using this service: People felt safe and supported by staff who were kind and caring and who knew them well.

People received their medicines safely and when required.

All people felt safe and staff were able to confirm who to go to should they have concerns.

Infection control procedures were in place and the service was clean.

Recruitment procedures were in place to ensure staff had relevant checks prior to starting work.

People spoke positively about the food provided at the service.

People had personal evacuation plans in place in case of an emergency.

Feedback was sought from people and people felt it was a nice friendly service.

Staff had received training and supervision and an annual appraisal.

People felt comfortable in raising any concerns or issues.

Health care professionals who visited the service felt the service was responsive, welcoming, homely and staff and the management were approachable and very welcoming.

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

Rating at last inspection: Good (November 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Links

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 was carried out by one adult social care inspector an expert who had experience of caring for elderly people and an assistant inspector.

Service and service type:

The Links Residential Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission however they were off work at the time of the inspection. A covering registered manager was overseeing the day to day running of the service. The registered manager 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 inspection was unannounced on the 1 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about. We also assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Following the inspection, we contacted three health care professionals and were able to gain views from two.

During the inspection, we spoke with 10 people living at the service, three members of staff, including the manager and one relative and one visitor. During the inspection we reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- One bathroom had a very dim light. This could affect people who had problems with poor eyesight. We raised this with the manager who confirmed they would review this.
- Visitors were asked to sign a visitor's book.
- The service had a fire plan and risk assessment in place and people had individual evacuation plans for emergency situations.
- Water checks were in place and personal appliances were tested, records confirmed this.
- People had risk assessments in place that identified risks and any equipment required. Staff knew people well including where they liked to sit, and any specialist equipment required.

Preventing and controlling infection

- People and visitors had access to antibacterial hand gel at certain points throughout the service.
- Communal bathrooms had liquid hand soap, paper towels and peddle bins to enable people to effectively wash their hands to prevent the risk of cross infection.
- Staff had a good knowledge of using personal protective equipment (PPE).
- The environment was clean with no odours.

Learning lessons when things go wrong

- Incidents and accidents were reported and recorded including actions taken to prevent similar incidents from occurring.

Using medicines safely

- People received their medicines when required. People told us, "Staff always give me my medication and I don't have to worry about it". Another person said, "Always get my tablets on time".
- Records were accurate and up to date.
- Medicines were administered safely and stored as required.
- Body maps and guidelines were in place for people who required topical medicines.

Staffing and recruitment

- People were supported by enough staff to meet their needs and call bells were answered quickly.
- Staff had checks completed to ensure they were suitable to work with vulnerable adults. This included a full Disclosure and Barring Service check (DBS), references and an interview.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. They told us, "Someone is always here, just have to call out". Another person told us, "I

have never felt unsafe here. There is staff all around".

- Staff had a good knowledge of the types of abuse and who to go to should they have concerns. One member of staff told us, "Abuse can be financial, mental and physical. I would go to manager [Name], a higher body or police, The Care Quality Commission or the local authority.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported and able to raise any concerns in between supervision.
- Supervision was on average every three months and staff had an annual appraisal.
- New staff received an induction, and this was flexible allowing extra support if the new member of staff needed support.
- Staff received training to ensure they were competent in their role. Additional training was also available to ensure staff had skills to support people with their individual needs. One member of staff confirmed they had received training in, "Dementia, pressure care, oral hygiene, end of life care and dignity and respect".

Supporting people to live healthier lives, access healthcare services and support

- People were supported with appointments when required. Staff could go to appointments with people to support them with their health conditions.
- Appointments and copies of outcomes were within people's care plans.
- The home worked in partnership with the residential home support team. Staff received training, which included, diabetes, dementia awareness, skin care, catheter care. The relationship with this team was positive and the health care professional confirmed it was a lovely homely home that had friendly staff who were always very welcoming. They told us, "Staff are always very welcoming, approachable and they act on our findings. We find them very responsive. I would be happy to put my mum in this home".

Staff working with other agencies to provide consistent, effective, timely care

- The service sought advice and support from other agencies when required. People and relatives were happy with the support received. One person told us, "If I feel unwell, staff assess me and decide if I need a Doctor or a nurse". One relative said, "They are very good about getting the Doctor and they always keep me informed".

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

- People's rooms were personalised and individual.
- People had access to two outdoor spaces. One at the side of the home and the other in the front garden. People had chosen to have the table and chairs placed in the front garden. This was so they could enjoy the front garden and observe the comings and goings within the community.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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).

- Two people had a DoLS in place, records confirmed applications made.
- 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. The service was following the principles of the MCA, records confirmed this.

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

- People's care plans confirmed if they had a specific religion and their marital status.
- Staff had a good knowledge of protected characteristics under the Equalities Act 2010.
- All people living in the service were able to make their own decisions and choices relating to their care and treatment.

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

- People and relatives said the food was good. One person said, "Good variety. Homemade". Another person said, "Very good. Well fed. Good selection". One relative told us, "I have eaten here and it's very good. Well-presented and fresh".
- People could have their lunch in the dining room or in their room. Lunch times were an opportunity for people to talk and be sociable. During lunch, music was played. We observed people enjoying this music however it could prevent some people talking as people were singing whilst eating their meal. We fed this back to the manager as the music could distract people from interacting with each other and eating their meals.
- We observed during people's meal experience staff didn't ask if people had received enough to eat. By asking people if they had received enough to eat would give people the opportunity to say if they hadn't.
- People could help themselves to cold drinks such as squash and water, which was available in the lounge.
- Care plans contained important information relating to people's dietary requirements.

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 were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People told us, "Yes, they do. They knock on my door before entering". Another person said, "They speak to me properly".
- People could come and go as they wished throughout the building.
- We observed people being asked by staff, 'Would you like a biscuit, you can have as many as you want' and 'Can I remind you to have a sip of your drink, you don't want to get dehydrated.'
- People were encouraged to remain independent. One person told us, "I make my own bed and dust". Another person said, "They are very keen for you to be independent, but willing to help".

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who demonstrated a kind and caring approach. People felt staff were approachable, kind and caring. One person said, "Very approachable, kind and friendly". Another person said, "Attentive, very good".
- People had developed positive relationships with staff. One person told us, "Staff are marvellous. They are all friends". Another person said, "Not a bad one amongst them".

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

- People felt involved with making daily decisions. One person told us, "It's just on going. If something changes it just happens". One relative confirmed they were always being updated. They said, "But I am in often and so it's on going". During the inspection we observed people making decisions about their care and support.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans were person centred and included important information relating to people's life and personal histories. However, we found one care plan required updating. This was due to a recent hospital admission the week before, where the person's mobility and equipment had changed following discharge. The manager confirmed they would address this shortfall immediately.

- Care plans were regularly reviewed and evaluated to ensure they were current and up to date.

- People's like and dislikes such as what meals they enjoyed, if they liked listening to music and when they liked to get up and go to bed were recorded in people's care plans.

- People were encouraged to be independent. People could spend time in their rooms or the communal areas of the home.

- The home had an activities volunteer who visited once a week. Activities included going for walks, flower arranging, crafts, painting, coffee mornings and lunches at the local church hall. People and relatives' feedback on the activities available was varied. One person told us, "I have a daily newspaper. I would like more physical activities". Another person told us, "I go out with staff. I like doing the art. The Chaplain comes in and talks to us on Fridays". One relative told us, "I think there could be more one to ones for those who don't want or can't participate due to hearing or sight". We fed this back to the manager.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place however the information it contained wasn't current and up to date. This was due to inaccurate details on who could investigate complaints should the complainant be unhappy. We raised this with the manager who confirmed they would review this policy and make the necessary changes required.

- All people and relatives felt able to raise any concerns or complaints to the staff or the management. People told us, "I feel if I was worried, I could go to the staff and talk about it". Another person confirmed they would go to, "Whoever is in charge".

- Four complaints had been received in the last 12 months. Records confirmed actions were taken to prevent similar incidents from occurring again.

- Various compliments had been received about people's care. Compliments included, "Thank you for all your care, patience, love you have shown to [Name] during their stay in your care. We will miss seeing you all too". Another compliment included, 'Just a little note to say thank you to all your staff for the care, compassion and kindness you all showed to my Father. It is a comfort to know that he had a few happy months in your care until he had to leave you all'.

End of life care and support

- No-one at the time of the inspection was on end of life care.

- Care plans had details of people's wishes for example if they wished to be buried or cremated.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well managed. One person told us, "I think it's terrific".
- Systems were in place to monitor the quality of the service. For example, checking water temperatures, care plans, cleaning and the environment.
- The provider had displayed their assessment rating at the service and on the provider's website.
- Notifications were submitted as required.

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

- Resident's views were sought through a yearly survey.
- People and relatives felt able to raise anything at the meetings. However, one relative felt issues raised hadn't been acted upon. They told us, "I have been to residents meeting. I brought up about carers doing the cleaning. I was told, 'not in the budget'. They always say they will put it to the committee, but nothing changed. I don't think they listen and haven't acted on it." One person told us, "They tell us what's happening". Another person said, residents' meetings are, "An opportunity to discuss anything, menu's, our rooms, any odd jobs that need doing".

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

- People, staff and relatives all said the service was nice and a good place to work with good communication. People told us, "Yes, they have a laugh and a joke together with me" and "Yes, they communicate with each other well".

Continuous learning and improving care

- People felt able to discuss any concerns to staff and the management of the home.
- There was a positive culture and people and relatives felt the home was relaxed and friendly. One person said, "yes, a good mixture of people". Another person said, "Yes, relaxed and friendly".

Working in partnership with others

- The service had a good relationship with the community and people could attend church lunch clubs and coffee mornings should they wish.