

Regal Care Trading Ltd

Linden Manor

Inspection report

159 Midland Road
Wellingborough
Northamptonshire
NN8 1NF

Tel: 01933270266
Website: www.regalcarehomes.com

Date of inspection visit:
18 May 2021

Date of publication:
25 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Linden Manor is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

Linden Manor is a Victorian property converted into a residential home, with accommodation over three floors.

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

During a tour of the building we came across bedroom doors that were propped open with items of small furniture. The rooms had been recently cleaned and the reason for the doors being open was to provide some ventilation and fresh air. The registered manager confirmed they would ensure staff close all bedroom doors unless they were fitted with devices (that close the door in response to the fire alarm being activated).

We also found three-bedroom doors which did not fully close, the registered manager immediately arranged for these door closures to be recalibrated. (The closures are designed to self-close the door to reduce the risk of fire spreading throughout the building). The registered manager said they would ensure all bedroom doors were checked during the daily walk around, health and safety checks.

People's changing health needs were monitored and reviewed. However, we found on return from hospital one person's care plan and risk assessments had not been updated to reflect changes in their health condition. Staff were aware of the person's current needs and during the inspection, the person's care records were updated to reflect the changes.

People were referred to the relevant healthcare specialists and staff followed the advice of the specialists.

People told us, and we observed the mealtimes were a pleasant experience for people using the service. People commented "The food is very good food here." And, "There is a choice of meals, and there are plenty of drinks through the day, and there is always jugs of orange juice."

Most people told us they felt safe living at the home. Systems were in place to safeguard people from abuse and they followed the local authority safeguarding protocols. Staff received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns following the safeguarding and / or whistleblowing procedures.

There was enough staff available to meet their needs. One person said, "The staff do come quickly when I use the call bell." Another person said, "The staff are kind and respectful, and they do pop in for a chat sometimes." The service had a vacancy for an activity person. Some people told us they were bored and would welcome having more activities, especially as during the pandemic visits from external entertainers had ceased. Another commented about the visiting restrictions that had been in place. They said they understood why their family had been unable to visit, as they did not live in the county. They said they had a

tablet to make video calls and staff help them to use the tablet to contact their family. At this inspection we found that visiting indoors had resumed and people were supported to visit family members on outings.

Safe staff recruitment and selection procedures were followed to ensure people received care from staff that were suitable to work at the service. People received their medicines from staff that were trained in medicines administration.

People were protected from the spread of infection including COVID -19. Personal protective equipment such as gloves and aprons were readily available. The environment was clean, and a repairs and refurbishment plan was in place to ensure redecoration and improvements to the environment were continually addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager had submitted Deprivation of Liberty Safeguarding applications (DoLS) to the local authority and was awaiting the authorisation decisions.

People and staff told us the registered manager was approachable. Staff said that staff morale was good, and they all commented on how they took a pride in working at the service.

People and their relatives were involved in planning their care. CQC were informed of notifiable events that had happened at the service. A notification is information about important events which the service is required to send us by law in a timely way.

The provider had implemented their action plan following the last inspection and sufficient improvements had taken place in the quality and monitoring systems at the service. The service mostly worked in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex health needs, including people living with dementia.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (report published 25 February 2020) and there were breaches of regulation 12 (Safe Care and Treatment), 18 (Staffing) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

A targeted inspection took place, in response to concerns received by CQC about infection prevention controls (IPC) at the service. We looked at the IPC measures the provider had in place and no areas of concern were found. (Report published 23 November 2020). Targeted inspections do not change the ratings of services and the rating remained Requires Improvement.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The inspection was also prompted in part due to safeguarding concerns we had received about the service.

A decision was made for us to inspect and examine those risks.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. 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 Linden Manor on our website at www.cqc.org.uk.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led.
Details are in our well-led findings below.

Good 

Linden Manor

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Linden Manor 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 registered with the Care Quality Commission. 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, a domestic assistant, the chef and maintenance worker.

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

After the inspection

After the site visit, we carried out telephone interviews with staff.



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.

At our last inspection the provider was in breach of regulation 12 (Safe Care and Treatment) and regulation 18 (Staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 18. We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Assessing risk, safety monitoring and management

- The fire system and fire fighting equipment was checked by qualified contractors and routine fire safety checks were completed within the home.
- During a tour of the building we came across bedroom doors that were propped open with items of small furniture. The rooms had been recently cleaned and the reason for the doors being open was to provide ventilation and fresh air. The registered manager confirmed they would ensure staff close all bedroom doors unless they are fitted with hold open devices (that automatically close the door in response to the fire alarm being activated).
- We also found three-bedroom doors did not fully close and the registered manager immediately arranged for the door closures to be recalibrated. (The closures are designed to self-close doors to reduce the risk of fire spreading throughout the building). The registered manager said they would ensure all bedroom doors were checked during the daily walk around, health and safety checks.
- Records were available to show equipment tests and checks were completed. A recent visit by a lift surveyor identified a thorough survey of the stair lift and the passenger lift was unable to be carried out. A date had been arranged for the surveyor to revisit the service to complete the examinations.
- People had personal emergency evacuation plans (PEEP's) in place.
- Risk assessments and care plans were in place and identified people at risk of falls, poor nutrition and fluid intake, people at risk of skin tissue damage and people at risk of choking, due to swallowing problems. However, the care plan and assessments for a person readmitted from hospital, had not been updated to reflect changes in their health condition. Namely, the person returned from hospital using a urinary catheter and was receiving treatment to skin pressure damage. In discussion with the staff we were assured the person was having their needs met and during the inspection, their care plan and associated assessments were updated to reflect the changes.
- Records showed people were referred to the relevant healthcare specialists and staff followed the advice of the specialists.
- Falls risk assessments were in place; people identified at risk of falls from their beds had crash mats and

sensor pressure mats in place.

- People with swallowing difficulties and people at risk of weight loss, were referred to the speech and language therapist (SALT) and dietician. We saw that staff followed the advice of specialists, ensuring prescribed thickener was using in all drinks and food was served at the right consistency.
- People at risk of weight loss had their foods fortified and their weight regularly checked. We observed people being supported by staff receiving the main meal in the dining room. The meals looked appetising and of ample portions. Music was playing and staff were quietly talking and supporting people throughout the meal. All people commented that the meals were of good quality.
- A falls tracker was used to record and identify any trends regarding the time and place of falls in efforts to mitigate the risks of repeat falls.
- The care plans for new admissions to the home prioritised known risks, such as, falls, poor nutrition and poor skin integrity. We saw the care plans for two people recently admitted to the home were in progress and had focused initially on how staff were to reduce known risks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home.
- Systems were in place to safeguard people from abuse followed the local authority safeguarding protocols.
- Staff received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns following the safeguarding and / or whistleblowing procedures.

Staffing and recruitment

- People told us there was enough staff available to meet their needs. One person said, "The staff do come quickly when I use the call bell." Another person said, "The staff are kind and respectful, and they do pop in for a chat sometimes." Another person said, "When I press my call bell it's an acceptable time to wait, the staff might be busy with someone else." Staff said they felt there was enough staff available on each shift. One staff member said, "We usually have three staff at night, sometimes it might go down to two, when a member of staff calls in sick or on leave. We work well as a team and make sure people's needs are still met." They confirmed they had out of hours emergency contact details. They were able to describe how they would respond to an emergency at night to ensure procedures were followed.
- The service had a vacancy for an activity person. People told us they would welcome the opportunity to engage in more activities, especially as during the pandemic visits from external entertainers had ceased. One person said, "I am bored, very bored, I used to do crosswords, I'm very aware that if the brain doesn't get stimulated it doesn't work well and I'm worried about this." Another person said, "The staff ask if I want to do things, but I like listening to my music in the hallway." Another commented about the visiting restrictions that had been in place, due to the pandemic. They said they understood why their family had been unable to visit, as they did not live in the county. They said staff helped them video call their family using a tablet.
- We saw evidence that the care staff provided some activities and entertainment for people during the pandemic.
- Staff recruitment files evidenced the provider applied for Disclosure and Barring Service (DBS) checks, to include a criminal conviction check and appropriate pre employment checks had been completed.

Using medicines safely

- People's care plans included details of the support needed to take their medicines and their individual preferences on how they liked to take their medicines.
- Protocols were in place for administering 'as required' (PRN) medicines.
- Staff were provided with medicines administration training so they could safely administer people's

medicines. Staff competency checks were carried out to ensure the training they received was applied in practice.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Since the last inspection changes had been made to improve the quality monitoring systems.

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 has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us the registered manager was approachable. One person said, "I have no complaints. It's quite acceptable here." The person said of the registered manager, "I do know them, and they do stop by for a chat." Staff said that staff morale was good. They all commented on how they took a pride in working at the service. One staff member said, "[Name of registered manager and assistant manager] are very supportive and approachable. It's a dream working here, it's very rewarding." Another said, "The teamwork is excellent." Another said, "I would certainly recommend the home as a good place to work."
- People and their relatives were involved in planning their care. Staff understood people's needs and preferences and worked to ensure people experienced positive outcomes.

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

- At the time of inspection, there were no duty of candour incidents recorded. However, through our discussions with the manager we determined that they were aware of and acted in line with the duty of candour requirements.
- CQC were informed of notifiable events that had happened at the service. A notification is information about important events which the service is required to send us by law in a timely way.
- The registered manager had submitted Deprivation of Liberty Safeguarding applications (DoLS) to the local authority and was awaiting the authorisation decisions.
- The service was overseen by an area manager and regular compliance checks were carried out by an external auditor.
- The ratings from the last comprehensive inspection were displayed in the home and on the provider website.

Continuous learning and improving care

- The provider had implemented their action plan following the last inspection and sufficient improvements had taken place in the quality and monitoring systems at the service.

Working in partnership with others

- The service mostly worked in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex health needs, including people living with dementia.
- People had been referred to specialist health teams in a timely way when their needs had increased, or health had deteriorated. During the pandemic, dental health support had been limited to emergency services only.