Linkfield Court (Bournemouth) Limited

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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

This inspection took place on 25 and 26 July 2018 and was unannounced. One inspector carried out the inspection on both days.

Linkfield Court 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.

Linkfield Court is registered to accommodate up to 29 people. At the time of our inspection 25 older people were living in the home, the majority of whom were living with dementia.

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 were two registered managers at the home at the time of the inspection. 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 were treated with kindness, respect and compassion, and their privacy and dignity was upheld.

People were protected from neglect and abuse. Risks were assessed and people were supported to stay safe with the least possible restriction on their freedom. Pre-employment checks were followed to ensure candidates were suitable to work in a care setting.

People's physical, mental health and social needs were assessed holistically, and care and support was planned and delivered in a personalised way to meet those needs.

People, and where appropriate their families, were involved in decisions about their care and support. Staff had access to appropriate training. The registered managers had invested in specialist dementia care training for all of the staff. They also had training in equality, diversity and human rights to help them challenge and avoid discrimination.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People and their relatives were encouraged to be involved in decisions about care.

Relatives and friends could visit when they wished without notice.

There were links with the local community.

People had access to meaningful activities and were encouraged to follow interests and hobbies. The activities coordinator post was vacant at the time of inspection.

People made choices about what they ate and drank. Mealtimes were relaxed and sociable occasions, with people receiving the support they needed to eat and drink at their own pace. Dietary needs were assessed and referrals made to dieticians or speech and language therapists as appropriate.

People were supported with their health care needs.

There were sufficient appropriately trained staff on duty to support people in a person-centred way. The service used regular agency staff, whom people knew, to fill any gaps in the rota.

Staff were supported through training, supervision and appraisal to perform their roles effectively.

Staff were valued, respected and supported to develop the service, through supervision, team meetings and ad hoc conversations with the management team. The service was open to the concerns of staff, whether through whistleblowing, supervision and staff meetings, or staff surveys.

Accidents, incidents or near misses were recorded and monitored for developing trends.

The premises were clean and well maintained. Individual bedrooms were furnished and decorated according to people's preferences.

People were protected from the spread of infection.

Medicines were stored securely and managed safely.

The service sought to support people to have a comfortable and dignified death when nearing end of life.

Clear information about how to make a complaint was available for people. Complaints were taken seriously and investigated openly and thoroughly.

The service worked in partnership with health and social care professionals and other organisations, to ensure people's care needs were met and that staff kept up with good practice.

The provider had quality assurance processes in place, which helped to maintain standards and drive improvement.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 was a comprehensive inspection.

Before the inspection, we reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 25 and 26 July 2018 and was unannounced. One inspector carried out the inspection on both days.

We met the majority of people living at the home. We spoke with two people who were able to tell us about their experiences. However, the majority of people we spoke with were not able to tell us about life at Linkfield Court because they were living with dementia. We therefore used the Short Observational Framework for Inspection, SOFI. This is a specific method of observing care to help us understand the experience of people who could not talk with us.

We met with one of the directors of the organisation and both registered managers. We also met and spoke with seven members of staff, a volunteer, a visiting health professional, two visiting relatives and an agency member of staff.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These included staffing rotas, staff recruitment records for three staff recruited since the last inspection, maintenance records, and audits to monitor the quality of service.

Good

Is the service safe?

Our findings

The service was managed safely. The relatives we spoke with said they were confident in their loved one's safety. One relative commented: "Cant fault the place; couldn't be better." Another relative told us, "I have no worries whatsoever".

Staff understood the identified risks in delivering people's care. They also knew the measures and plans put in place to minimise these risks. For example, the home was working closely with the specialist community team in managing a person whose behaviour was challenging. A detailed plan of care and strategies had been put in place to support the person and we saw staff act in accordance with the plan in settling this person when they became angry and distressed.

The registered managers had taken steps to protect people as far as possible from abuse and to protect their human rights. They had ensured all staff had all been trained in safeguarding adults, as well as receiving update refresher training. The staff therefore had a good understanding of what constituted abuse and how to make referrals. Information posters were displayed in the home as a reminder for staff and to impress the importance of safeguarding.

The home had been made as safe for people as possible as the registered managers had carried out a comprehensive risk assessment of the premises. Where hazards had been identified, steps had been taken to minimise the risks to people. Examples included: freestanding wardrobes attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent burns. Portable electrical wiring had been tested and the fire safety system inspected and tested at the required intervals.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. A personal evacuation plan had been developed for each person so that they could be evacuated safely in an emergency.

Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety.

The registered managers had taken steps to minimise the risks of cross infection and to maintain infection control standards. A member of staff had been delegated to act as lead for the prevention and control of infection. Infection control and cleaning audits were regularly carried out to check that the risks of cross infection were minimised. A new carpet and floor surface was to be laid in the dining/lounge area.

Other steps taken to promote safety in the home included the reviewing of any accidents and incidents. These monthly reviews looked to see if any action could be taken to minimise the risk of accidents or incidents recurring.

Staff and relatives all felt staffing levels were appropriate to meet people's needs.

Robust recruitment processes had been followed before new staff began working at the home to ensure that appropriate people were recruited to work at the home. Staff files showed photographic identification, two references, and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.
There was a commitment to learning from concerns raised or safeguarding issues. The director we spoke with told us about a recent safeguarding concern. We discussed how management had reviewed their practice to see if lessons could be learnt.

Medicines were stored safely and there was ongoing auditing to make sure that unused medicines were returned to the pharmacist. There were suitable storage facilities, including a fridge for storing medicines requiring refrigeration. Records were maintained of the temperature of this fridge and the medicines area, ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used beyond their shelf life.

Medication administration records had no gaps in the records, showing people had received their medicines as prescribed by their GP. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of administration.

Where people had 'as required' medicines prescribed there was guidance for staff on when these medicines should be administered. One person needed their medicines administered covertly as they were not able to understand the consequences of refusing medicines. The correct procedures for this had been followed.

Good

Is the service effective?

Our findings

To ensure people's needs could be met at Linkfield Court, a preadmission assessment of a person's needs had been carried out before they moved into the home. On moving into the home, staff completed a range of more in-depth assessments with the person or their representative. These assessments were comprehensive and detailed, covering their needs. These included people's dementia care needs, as well as other needs commonly associated with old age such as, personal care needs, continence, risk of falls, communication, skin care, medical and social care needs, nutrition and hydration.

Some people had particular risks associated with the delivery of their care. These included the use of bedrails or a 'safe swallow' plan. Where bed rails were used, people had bed rail risk assessments in place because of the risks of entrapment or their climbing over the top and injuring themselves. Where there was a risk of a person choking because of swallowing difficulties, people had been referred to speech and language therapists for a swallowing assessment. There were systems in place to make sure those people who needed to have their drinks thickened, had these thickened to the required consistency. The thickener agent was stored safely out of reach, as these products can pose a risk to people if ingested.

Relatives were positive and complimentary about the staff team, telling us the staff had the skills, training and knowledge to meet people's needs. Staff were satisfied with the training provided. All staff were being provided with specialist dementia care training. They all gave positive feedback about this and how it was enhancing their understanding of people. Staff received core training in subjects including moving and handling, first aid, the Mental Capacity Act 2005, infection control and safeguarding. Staff had also been trained in 'safe holds'. These involved minimum physical intervention to be used in extreme situations. We discussed this with one of the registered managers. They were able to show that 'safe holds' were only used when necessary and these interventions reviewed and fully recorded to make sure they were used appropriately.

New staff completed the Care Certificate, which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff were supported appropriately, receiving regular supervisions and an annual appraisal.

Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

The registered managers were working on making mental capacity assessments more specific as recommended at a recent commissioner's monitoring visit. Completed assessments showed the specific decision a person was unable to make, the reasons why they could not make the decision, the people involved in decision making and consideration of the least restrictive solution made in the person's 'best interests'. The registered managers were aware of any relatives with Lasting Powers of Attorney that had bearing on who could make the decision should a person not have capacity.

The service was compliant with The Mental Capacity Act 2005 (MCA). This 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 they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service was also compliant with the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. There was a system for ensuring applications were made to the local authority and for re-applying if this was necessary when an order expired. No DoLS authorisations had conditions attached as part of the legal order.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs.

Relatives told us the food was of a good standard. We observed the midday meal on the first day of the inspection, which was a positive experience. People were able to choose from two main meals and if neither of these appealed to them, an alternative of omelette or sandwiches were also provided. Those people requiring assistance with eating were assisted appropriately by staff, who sat beside people and were patient and encouraging. One person was provided with a plate guard that made it easier for them to eat their meal.

A relative had raised money for the home and it had been agreed with them that brightly covered crockery, suitable for people living with dementia, would be bought for the home.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well. Staff could describe the things that made people happy as well as the plans and strategies put in place to support people. They enjoyed and stressed the importance of spending time with people. Relatives commented positively on the care provided telling us: "All the staff are very caring; brilliant, first class". A feedback form from a relative stated, "Most important is the kind and loving atmosphere created by management, extending all the way through a staff team of dedicated carers; who truly do care".

Relatives also told us that they were always kept fully informed about people's care and were free to visit whenever they wished. It was evident that staff had formed good relationships with relatives who regularly visited the home.

One person, who was able to tell us about their experience of staff said, "Staff are kind and you can always have a banter with them".

On the second day of the inspection staff celebrated a person's birthday, singing Happy Birthday to them, which they clearly enjoyed.

Care plans focussed on people's strengths and how to promote their independence. There was also information relating to people's life history, their interests, things that were important to them and their preferred routines. This ensured that dignity was promoted at all times and people received personalised care. Staff were respectful of people's dignity, referring to them in their preferred form of address and discretely guiding them to privacy if they needed personal care.

Throughout the inspection staff, although busy, always took time to talk to people, reassure them and guide them if they were unsettled or wanting attention. When they spoke with people the staff were kind and patient.

Good

Is the service responsive?

Our findings

People had an individualised care plan that reflected their individual needs. Care plans we looked at were up to date, being updated when needs changed or reviewed periodically. Relatives told us that they had been involved appropriately in developing care plans. The registered managers were also aware of when relatives had legal authority to make decisions, rather than being consulted about people's care needs.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

One person, who could tell us about their experience of Linkfield Court, told us that they had been fully consulted about the way they wished to be supported and had contributed to their care planning.

There was a vacancy for an activities coordinator at the time of this inspection and so there were not as many activities taking place as there would be normally. A relative told us that there was usually plenty of stimulation for people. Volunteers were used to assist with actitivies and to take people out for one to one time in the community. One person told us about going out with a volunteer to cafes and to the bowling green. We saw pictures and photos of activities that take place.

Minutes of residents' meetings showed that people were consulted about activities. At a recent meeting people had raised that they would like a church service to be held in the home. The registered managers were engaged in arranging this.

The service sought to support people nearing end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. Staff had also been trained in end of life care.

Clear information about how to make a complaint was available for people. The complaints log showed the registered manager responded to and investigated complaints thoroughly. A root cause analysis had been carried out where any serious issues had been raised.

Good

Is the service well-led?

Our findings

The service was well led with the organisation providing clear standards and expectations to staff of their vision of good quality dementia care. Throughout the inspection we saw this translated into practice with staff interacting positively with people. The service had a core of staff who had worked at Linkfield Court for a long time and had strong allegiances with the organisation, being positive and proud about working at there.

Staff were proud of their work and told us: "There is a good morale and it is very good here" and, "It is great being a family run home."

Staff and relatives commented on the approachability and availability of the registered managers. People and relatives told us they were actively asked about their view of the service and this contributed to improvement plans. A survey involving people living at the home and relatives was last carried out in May 2018 with results of this collated and analysed to seek improvements.

Minutes of residents' and staff meetings showed that people and staff were afforded an opportunity to raise areas for improvement.

The provider had a whistleblowing policy and procedures, which were publicised to staff. Staff told us they would not hesitate to raise concerns.

The provider had quality assurance processes in place, aimed at improving and maintaining standards. These included audits with action plans for improvement. The registered managers told us they felt well supported by the provider to run a person-centred service. The rating from the previous inspection was prominently displayed in the hallway.

The provider and staff in the home understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with. A statutory notification is information that the law requires CQC are made aware of to support our monitoring function.