

Linday Multi Services Limited

# Linday Office

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Linday is a domiciliary care agency providing the regulated activity of personal care. At the time of our inspection there were 26 people using the service. The service provides support to adults of all ages, people with a learning disability and people with mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

#### Right Culture:

Audit systems in place had identified areas to improve the quality of the service. However, they had not been consistently implemented to maintain those improvements. People's needs and preferences were highlighted in their care plans for staff to follow. However, some care plans lacked detailed instructions for staff to follow regarding certain medical conditions. There were no reported missed calls, however there lacked some consistency from staff to inform people when they were running late. The registered manager understood their responsibilities. People's needs were assessed prior to them receiving care and support from the service.

#### Right Support:

Staff were recruited once they had cleared their security checks. Staff received training to support people safely. People were protected from the risk of abuse because staff knew their legal responsibilities to keep people safe. Risks to people had been assessed and people's care plans had been reviewed and updated. Staff supported people to maintain their health and wellbeing by accessing healthcare services.

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.

#### Right Care:

Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. People were supported to express their views. People's communication

needs had been considered and met. Overall, people's medicines were managed safely. The provider had sufficient infection, prevention and control measures in place and staff had access to a good supply of personal protective equipment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last inspection for this service was not rated (published on 1 March 2018).

The previously rated inspection was requires improvement (published on 17 December 2015).

#### Why we inspected

This inspection was in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Linday Office

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service also provides care and support to people living in 1 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 24 January 2023 and ended on 6 February 2023. We visited the location's office

service on 24 January 2023.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of care provided. We spoke with 6 staff including the registered manager and the deputy manager. We also received feedback from two social care professionals.

We reviewed five care plans and two recruitment files. We also examined other records relating to the management of the service. This included the provider's quality assurance processes and policies.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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.

### Staffing and recruitment

- We received mixed opinions from people and their relatives about the staffing levels in the service. People and relatives told us staff did not always arrive on time and weekend cover seemed to be an issue for most people. However, we found there were no missed calls and people had received care within the provider's time window of their planned start times. The staff had not consistently contacted and apologised to people or their family member(s) when their visits had been affected.
- The provider was aware of the issues and at the time of the inspection was in the process of implementing adjustments to try and improve this.
- The provider was transparent with us about the recruitment challenges they faced and explained the actions they had taken. Arrangements were in place to ensure the service continued to operate when faced with staff shortages. For example, office staff had also received training which enabled them to deliver care in the event of a staff shortages.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate security checks ; checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Overall, people's prescribed medicines were managed safely, although sometimes staff arriving late or early, meant some medication for people was not administered at the correct time. One relative told us, "They're [staff] okay with their timings but [person] has four hourly medication and a couple of times they have turned up when [person] cannot have the medication because less than 4 hours but to be fair they have either come back or actually waited at the property until a more reasonable time they are trying."
- Staff had received training in the administration of medicines during their induction and had undertook refresher training. Staff competence was checked, which included spot checks on their practice, to ensure medicines were administered safely.
- Audits of medicine records had been carried out. The audits had identified errors and the actions required to mitigate a repeat occurrence.

### Systems and processes to safeguard people from the risk of abuse

- People and most of their relatives told us they felt the service was safe. One relative told us, "Care during the week for [person] is fantastic but can't say the same for the weekend. We've discussed with the

registered manager and she says she's going to sort it. [Person] doesn't always feel safe at the weekends." The provider was aware of the issues and at the time of the inspection was in the process of trying to resolve these concerns.

- People were protected from the risk of abuse because staff had received training in how to safeguard people from abuse. Staff understood how and who to report any concerns.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.

#### Assessing risk, safety monitoring and management

- More information regarding some risks to people was required in people's care plans. For example, we found for people requiring support with catheter or stoma care more written guidance was needed. This was to ensure all staff provided care in a consistent and safe way for people. Discussions with the current staff providing this type of care to people, demonstrated they knew what was required of them to deliver safe care. We raised this with the provider at the time and they took immediate action to update the care plans.
- People's care plans and risk assessment had been reviewed. We also found these had been updated when people's needs had changed. This helped ensure people received safe care.
- The provider had introduced a new digital system. This enabled the management team to monitor the service more regularly. For example, the management team could analyse information on a daily basis to ensure people had received their visits. This helped reduce risks to people.

#### Preventing and controlling infection

- The provider had an infection control policy in place which detailed the actions staff were required to follow. Staff confirmed they were provided with a good stock of personal protective equipment (PPE).
- Staff had received training in infection prevention and control. Staff told us how they managed risks in relation to this such as by wearing personal protective equipment (PPE) when visiting people.
- People and their relatives confirmed staff followed infection, prevention and control measures.

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff to the registered manager. These were reviewed, and actions were taken to reduce any further risks.
- The registered manager analysed accidents, incidents and complaints to identify any emerging themes or patterns in order to improve the care provided. Any learning was shared with staff at regular supervision as well as team meetings.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- There were mixed opinions from people and their relatives about the support provided by staff when preparing food and drinks. One relative told us, "We've had issues with staff not knowing how to use a microwave and food has been burnt'." The registered manager told us as part of the staff induction training, 'how to use a microwave' was explained and shown to them. The provider said they would revisit with their staff basic food preparation.
- People's care plans had detailed their eating and drinking needs and where people had specific diets this was highlighted for staff to follow.
- Risks such as choking had been identified. Guidance from external health care professionals was available to staff and the information had been included in people's care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff had training specific for the people they would be supporting this included supporting people with a learning disability. However, some people and relatives told us when their regular staff member was unable to attend, they would sometimes have to show the replacement staff member what to do. For example, how to prepare certain foods. The provider was already aware of these issues and was taking steps to try and implement changes.
- Staff told us they had completed training as part of their induction. One staff member said, "We have training every month and go into the office as well as on-line. Before I was left alone (with people) I went through shadowing for 3 weeks and then watched by my manager. It's (training) helpful and taught me everything (I needed to know)."
- The provider had systems in place to support and supervise staff. Staff told us they received supervisions, attended team meetings and had spot checks of their competencies which included feedback on their performance.

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

- People's needs had been assessed. Care records had been reviewed and updated to reflect people's changing needs.
- People's preferences and choices had been identified in their assessments and care plans.
- Staff we spoke with were aware of people's needs and expectations when providing care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked well with other agencies to reduce the risks they had identified. For example, the district nurses when sore skin had been noticed or the GP when people's health had deteriorated. The provider had updated the care plans with any new information provided.

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

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People and relatives told us staff would seek consent before providing any care or support.
- Staff had received training in MCA and understood how to support people in line with the Act.
- The registered manager had carried out capacity assessments in line with best practice. People's capacity to make decisions were recorded in their care plans.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received training in equality and diversity and understood how to apply this training in the support they provided. One staff member told us, "People have different requirements and should not be treated all the same, we must treat people how they want to be treated, we are all very respecting of people's wishes."
- People and their relatives mostly spoke positively about the staff. One person said, "One or 2 (staff) are absolutely brilliant but the others sometimes won't do anything unless told to by me but the ones I usually have are brilliant. I have told the manager." One relative told us, "The carers we have at the moment are lovely people and know what they are doing, you hear them laughing and joking with [person]."

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

- People and their relatives told us they had opportunities to express their views and would contact the provider if they wanted to.
- People told us on a day to day basis, staff would involve them in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's dignity when providing care. One staff member told us, "I make sure I explain to people what I am doing to help put them at ease and encourage to do what they can for themselves if they can."
- People's care plans provided staff with information on how people would like staff to support them in maintaining their independence. For example, when people were able to manage tasks such as mobilising without assistance, this was documented.
- People told us they were supported by staff who respected their privacy and dignity. Staff showed a good understanding of how to deliver person centre care. They told us how they ensured people were treated as individuals and how they respected people's decisions and preferences.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider told us people and their relatives had the option to view their care plans. Conversations we had with people and relatives told us they were not aware of any care plans at people's homes. However, they all felt able to contact the provider to discuss people's care and support or to raise any concerns or issues. The provider said they would remind people and relatives where the care plans were in their homes.
- Person-centred information was gathered on people's life history and how they wanted to be supported, this included their likes and dislikes. This information also contributed to the planning of people's care and risk assessments.
- People's protected characteristics were discussed during the initial assessment process. For example, there were questions in relation to religion and culture.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed as part of their care planning process.
- Alternative formats were available on request such as large print or easy read care plans and complaints procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, people were encouraged to maintain their relationships with their family members.
- One person told us about the different social activities they participated in and how the staff supported them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received, we found they had been investigated and actions had been taken to mitigate reoccurrences.
- People and their relatives all told us they knew how to raise complaints or concerns.

End of life care and support

- People's care plans had been reviewed to include their final wishes. However, the registered manager

explained when they had tried to complete this, people and their relatives had not wished to discuss it.

- The provider had introduced end of life/palliative care training for staff when and should the need arise.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider's own quality audits had identified there were some issues with staff timekeeping. Although they had taken some action to address the issues, feedback from people and relatives showed the problem had remained. For example, the inconsistency of receiving a telephone call to let people know staff were going to be late. One relative told us, "It depends who's coming whether we get a call or not. I'm ok with carers being late, sometimes it just can't be helped but if they just let me know then I can make sure [person] at least has their medication at the right time."
- Reviews of care plans and risk assessments had been completed but had not identified there was more guidance required for certain medical conditions. This would ensure staff not familiar with supporting that person had the latest and update guidance to assist them to care for that person in a consistent way.
- Some people had been involved in a review of their care. Most people were new to the service and told us the only review they had was at the initial assessment stage when they first joined the service. However, everyone we spoke with felt confident in approaching the registered manager and any of the management team if they needed to.
- Policies and procedures were in place to support the running of the service. These included safeguarding, whistleblowing, complaints and infection control.
- There was a clear management structure within the service. This included the registered manager who was supported by a deputy, team leaders and care co-ordinator. The registered manager and management team understood their roles and responsibilities to operate the service.
- The registered manager was open and transparent about concerns when they arose and communicated with people and their family appropriately.
- Any learning was shared with all staff to help improvements to be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they made choices in relation to their day to day lives. For example, people we spoke to confirmed they were offered choices in relation to meal options and personal care needs. One relative told us, "[Staff member] is absolutely wonderful and [person] loves them, They have built up a great relationship, [staff member] goes out of their way to look after [person]."
- The provider promoted a positive, person-centred culture and conversations with the registered manager

and the staff demonstrated they wanted to achieve the best outcomes for people. One staff member told us, "People would not be able to stay living in their home without our help and support. It is important they can stay at home and live a good life; I try to help them live that good life as much as they can."

- Staff told us they felt supported by the registered manager and the management team. One staff member told us, "Everybody is very supportive and helpful every time we have a problem they try to resolve it especially [registered manager] she is very, very good."

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

- The registered manager understood their responsibilities under the duty of candour.

Working in partnership with others

- The service worked well with health professionals and were able to demonstrate an understanding of how to make appropriate referrals when required. One professional told us, "I have had very positive experience with Linday Care. They have contacted every agency and Linday Care have managed people's needs well."

- People had care records with relevant information, for care staff and other professionals to refer to when necessary, and in the event of an emergency.