

# Care Community Limited

# Linden House

## Inspection report

205 Linden Road  
Gloucester  
Gloucestershire  
GL1 5DU

Tel: 01452524555  
Website: [www.carecommunity.co.uk](http://www.carecommunity.co.uk)






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14 June 2016

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

The inspection took place on the 3, 6 and 14 June 2016 and was unannounced. Linden House was previously inspected on 10 December 2015, 29 June 2015 and 4 February 2015 to check if breaches of regulations had been met. Prior to this breaches of regulation had been found at an inspection in October 2014 where we issued a warning notice for a lack of effective quality assurance systems. These were for shortfalls with sufficient numbers of staff, staff recruitment, staff support and training and lack of notifications to the Care Quality Commission (CQC).

Linden House is a detached house in a residential area of Gloucester. It provides accommodation and care for six adults with mental health needs. At the time of our inspection there were four people living at the home.

Linden House did not have a registered manager in post. 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.

Sufficient numbers of suitably qualified, skilled and experienced persons were not deployed. In addition staff had not received regular supervision sessions.

Some people had not had authorisations made to deprive them of their liberty.

Despite regular checks on the service provided these had not resulted in improvements to areas identified for action such as guidelines for giving people their medicines and maintenance of equipment and the garden.

Staff and management understood how to protect people from harm and abuse. People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives. People were treated with respect and kindness, their privacy and dignity was respected. They were supported to maintain their independence and keep in contact with relatives. People were enabled to be involved in activities such as trips out of the home.

Staff were able to develop knowledge and skills for their role through a programme of training. However staff supervision sessions had not been taking place.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not fully safe.

People were not always supported by sufficient numbers of staff.

There were safe systems in place for managing people's medicines. However there was a lack of guidance for the administration of some 'when required' medication.

Some equipment had not been maintained in working order and some safety checks were overdue.

People were safeguarded from the risk of abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not fully effective.

Staff lacked the support of structured supervision sessions.

People's rights were not protected because the Deprivation of Liberty Safeguards had not been used correctly.

People were regularly consulted about meal preferences.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and kindness.

There had consultation with people about their views on the care and support they received.

People's privacy, dignity and independence was understood and

respected by staff.

**Is the service responsive?**

**Good** ●

The service was responsive.

People received individualised care and support.

People were enabled to engage in trips out of their choice although staffing levels could limit this.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

**Is the service well-led?**

**Inadequate** ●

The service was not well led.

A registered manager had not been in post since April 2011.

Effective systems had not been operated to ensure the sustained improvement of the service.

# Linden House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3, 6 and 14 June 2016 and was unannounced. One inspector carried out the inspection. We spoke with three people using the service, the deputy manager and three members of staff. In addition we reviewed records for four people using the service, toured the premises and checked records relating to the management of the service.

Before the inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also spoke with the local authority quality team.

## Is the service safe?

### Our findings

People were not always supported by sufficient numbers of staff. On the first day of our inspection there was one member of staff on duty in the afternoon when we arrived. Another member of staff was on a trip out with a person. We looked at the rota for the coming weekend which showed staff shortages on some shifts. We later spoke to the deputy manager who had arranged agency cover. However the following weekend also showed staff shortages and at the time no cover had been arranged. Staff described staffing levels as 'unsafe', "a bit of a concern" and "struggling". Staff had been supplied by an agency to cover shifts where needed. This had recently stopped and regular staff were covering shortages themselves. At the time of our inspection visit the deputy manager was covering shortages through the use of staff from another agency. One member of staff described some limitations through the use of agency staff such as lack of knowledge of people's needs and communication issues. This may have led to inconsistent support being given to people. At the time of our inspection there were no staff being recruited to fill vacancies at Linden House. One staff member described the main effect on people using the service as having to arrange shorter activities away from the home. Another told us how trips out for people were arranged individually, these could be achieved but needed careful management using the existing staff resources. Therefore people had to wait for staff to support them to participate in their day to day activities. Trips away from the home were an important and major highlight of how people spent their day providing an opportunity to follow their interests and wishes, spend time individually with staff and carry out personal shopping.

This was a breach of Regulation 18 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

We looked at how people's medicines were managed. We found a lack of specific guidelines for the administration of medicines to relieve one person's anxiety which were prescribed to be given on an 'as required' basis. This had been identified during a quality check in February 2016 but had not been completed.

Medicines were stored securely and the temperatures of storage areas were monitored. Records showed storage temperatures had been maintained within correct limits. People had their medicines on time and as required. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Regular stock checks were in place and where handwritten directions had been made two staff signatures indicated the directions had been checked for accuracy. Staff with responsibility for medicines had received training and competency checks.

Some equipment had not been maintained in working order. The lawn mower was not in working order and had resulted in the grass on the lawn in the back garden growing to a height. This prevented any normal use of the lawn by people. There were no facilities to print or copy documents. One printer was not in working order and a second printer had no ink and so could not be used. In addition the telephone landline was not in working order. We carried out a tour of the premises and noted the care home was clean although some communal areas were in need of redecoration.

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff confirmed they had received safeguarding training and a training record confirmed this. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service.

Risk assessments were in place for people. These had been regularly reviewed and covered risks such as use of illicit drugs, behaviour and going out in a vehicle. People had been protected against the risks associated with portable electrical equipment and legionella. A gas safety check had been carried out in May 2015 and so the annual safety check was due. However there was no evidence of any check on the electrical wiring of the building. A fire risk assessment was in place which had been reviewed on a six monthly basis and was due for review in September 2016. Weekly checks on fire alarms had not been carried out since 4 April 2016.



## Is the service effective?

### Our findings

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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there were no assessments of people's capacity to consent to decisions about their care and support. One person had an authorisation in place to deprive them of their liberty. We checked the conditions of the authorisation in place and these were being complied with. Other people had been identified as requiring authorisations but these had not been applied for and relevant assessments of their mental capacity had not yet been completed. We noted, people were not free to leave the home by the front door due to this being locked with a key pad. When people did leave the home they were supervised by staff.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in the MCA and DoLS and demonstrated their knowledge from this.

People received support from staff who were not fully supported to carry out their role. Staff had not had individual supervision sessions during 2016. This was confirmed by one staff member who told us they had not had a supervision session "since last year". These are regular individual meetings with a manager or a senior staff member where staff can receive support and guidance on their performance and discuss on-going development needs. The deputy manager confirmed that regular staff supervisions had not been carried out although if staff identified a need in relation to the current staffing situation then a session would be arranged for them. Annual staff performance appraisals had been carried out in 2015 although none in 2016. There was no information readily available about when staff appraisals were due. Despite this staff told us they felt supported by the deputy manager, one said "I know I will get support if I need it". Recent staff shortages had led to a staff training update session for fire safety, first aid and moving and handling being cancelled.

Two members of staff told us their training was up to date. Staff had received training in subjects such as food hygiene, health and safety and infection control. They also received training specific for the needs of people using the service such as diabetes and managing behaviour. They told us they felt the training provided by the service was enough for their role. One person we spoke with was positive about the staff team stating "they work well together".

People were offered meals at a time suitable for their individual daily routine. People preferred to take their meals individually rather than eat together and we observed one person being served a lunch, sitting alone as was their choice. Sufficient stocks of food were available to cater for people's meal preferences. Menus were prepared on a weekly basis with breakfast, a lunch and a cooked meal in the evening. A choice of snacks were available throughout the day. The menu described alternative meals on request. Other people were asked their preferences for lunch and when they would like to eat. One person's diet reflected their religious beliefs and staff confirmed their knowledge and the arrangements in place to meet this person's needs.

People's healthcare needs were met through regular healthcare appointments. People attended their GP surgeries, dentists and hospital appointments. Two people had support plans for medical conditions with one person having regular eye tests as part of this. People had health action plans and hospital assessments. These were written in an individualised style and a statement indicated that they may form part of each person's 'person centred plan'. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. During staff shortages Linden House had relied on support from other care homes operated by the registered provider to enable people to attend health care appointments.

## Is the service caring?

### Our findings

People were treated in a caring way by staff and spoken with in a respectful manner. Staff took time to respond to people's requests and queries and communicated with them in a calm and appropriate manner. We saw how this put people at ease. Information was available about people's life histories and preferences for staff to refer to. This included information about how to respond to people if they became distressed. We saw how staff responded appropriately when one person started to show signs of being distressed. Support plans included information about people's preferred choice of name for staff to address them correctly. Staff were aware of people's religious beliefs and how they may wish to practice these.

Minutes of individual meetings with people demonstrated how they were able to express their views. Discussions were held around subjects such as social activities, menus, what people were looking forward to, appointments and complaints. People's responses were recorded. However the latest record of such meetings were dated November 2015. There were however more recent and regular reviews of people's care and support where their views could be recorded. A communication passport was in place for one person as an aid for staff to understand the person's methods of communication. This included information for staff on how to interpret verbal and non-verbal communication and how best to support them in a number of areas such as when they were angry or distressed and broader information such as likes and dislikes.

One person was using the services of an advocate and consideration was being given to an advocate for another person. Information was available in the home about advocacy services although at the time of our inspection people were not using any of these services.

People's privacy and dignity was respected. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting someone with personal care they would ensure doors were closed and people were covered appropriately. These actions were reflected in detailed support plans for staff to follow. One person showed us their individual room where they had en suite facilities and confirmed they were able to have their own privacy and staff knocked on their door before entering. Confidential information about people contained in their support plans was locked away under the control of staff.

Support plans included information about tasks that people could carry out independently. Staff also told us how they would promote people's independence in particular encouraging people to carry out some personal care tasks for themselves.

People were able to maintain contact with family members during our visit one person made telephone contact with family members. They also went out on trips with family. Another person's support plan detailed how staff would ensure they maintained contact with their family including managing visits to the family home.

## Is the service responsive?

### Our findings

People's support plans were written in a personalised way and contained detailed information about how they wished to be supported in their daily routine. One person's support plan contained a step by step guide to supporting them with personal care. The detail demonstrated an in depth knowledge of the person's needs. Staff described aspects of personalised care such as acknowledging everyone was different and providing support in response to people's preferences. Support plans had been kept under review with additional checks of some plans undertaken through the monthly inspection visit by the acting manager. Positive behaviour management plans were in place to guide staff in dealing with people's anxiety and distress.

We observed staff responding appropriately to one person's anxieties about a trip out for a health appointment. They responded to the person's request for information about the arrangements and reassured them with a suggestion of how they could spend their time until they left the home. We saw how this reduced the person's anxiety. We also saw appropriate support given to another person when they became distressed and a plan was followed for them to telephone and speak with a relative.

Monthly reports were completed about each person giving an overview of their health and wellbeing, social activities, any accidents or incidents and the home and living environment. Staff described the importance of personalised care and in particular giving people options and respecting their wishes.

People were supported to take part in trips out with the main activities being shopping, walks, local shops, and trips out with family members. However current staffing levels meant that this could be restricted. Records of reviews evidenced people chose these activities. One person told us how they were able to enjoy regular trips out of the home. During the first day of our inspection visit a person was being supported away from the home to meet their religious needs.

There were arrangements in place to listen to and respond to any concerns or complaints. Information explaining how to make a complaint was available for people using the service in their support plan folders and on display in the entrance of the care home where forms for recording complaints were available. We checked on any recent complaints. There had been no complaints received in the previous twelve months. Monthly inspection visits by the acting manager included a check on any new and a review of any existing complaints. People were also spoken with on these visits to check on their well-being.

## Is the service well-led?

### Our findings

At the time of our inspection Linden House did not have a registered manager. The previous registered manager left in April 2011. A previous manager had submitted an application for manager registration but had left before the registration process had been completed. The acting manager had recently resigned from their post and had withdrawn their application for manager registration. They were on leave at the time of our inspection visits and a deputy manager was managing Linden House. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

The management structure consisted of a deputy manager who was responsible for managing Linden House and two other care homes operated by the registered provider. They had recently stepped up to the role of managing all three homes following the resignation of the acting manager. There was no evidence of provider oversight or support to assist the manager in his new role. Although staff were positive about the work of the deputy manager, the home lacked a strong leadership presence. This was reflected in comments from staff such as "we need more leadership", "we need a good manager" and "we need a strong manager".

The manager was not always accessible or visible to staff due to commitments in managing two other care homes. There was no evidence of how staff were involved in developing the service and the seeking of staff feedback from the manager was sporadic. Information was communicated to staff at meetings; the minutes of the latest meeting were on file dated 9 March 2016 where guidance specific to the needs of people using the service was discussed. However there was no record of any staff meetings since.

People did not have the benefit of using a service which was effectively monitored, evaluated and improved. Quality checks did not always lead to improvements in the service provided. Direct monitoring of the quality of the service provided was not carried out by the registered provider. Instead monitoring of the service was in place in the form of a monthly inspection visit completed by the deputy manager and these were known as "provider visits". There was no other person with management responsibility who carried out these visits. The inspection visits covered a range of areas including peoples' finances, inspection of the premises, checks on activities undertaken and interviews with people using the service and staff. Reports were produced that included matters arising from visits and action to be taken with deadlines for completion. The report format included a record of interviews with people using the service and staff, an inspection of the premises, a review of any complaints and a review of records.

Any matters identified for improvement were noted for action and the reports sent to the registered provider. Following the report dated 25 February 2016 actions included, referrals for a Deprivation of Liberty (DoLS) application, a guide for staff in giving medicines to one person prescribed on an 'as required' basis and redecoration of communal areas. The report for 9 March 2016 identified staff concerns about a printer not working and the extra work for staff caused by travelling to another care home to print documents. In addition the state of the lawn was noted and the fact the lawn mower was not working. The report for 1 April 2016 identified staff appraisals were to be arranged. None of these actions had been completed at the time

of our inspection visits although issues with maintenance of equipment had been reported to the registered provider. These audits had failed to address shortfalls identified in this report. We had not found significant improvements since our inspection in October 2014 and breaches of regulations have again been found.

Quality assurance surveys had recently been sent to two health professionals involved with people using the service in February 2016 although no survey forms had been returned. However there were no other ways of seeking feedback from representatives of people using the service and other stakeholders. Although we found breaches of regulations had been met at inspections since our previous comprehensive inspection in October 2014, improvements had not been sustained. At our inspection in October 2014 we found breaches of regulations relating to sufficient staffing, support for staff and assessing and monitoring the quality of the service. These were shortfalls we also found at this inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager described the main challenge as covering current staff shortages at Linden House as well as the responsibility of managing two other care homes operated by the registered provider. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. However a record of accidents and incidents for Linden house could not be found during our inspection visit. The current ratings for the home were on display in the entrance.

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. Where staff did not follow the expected standards the registered provider had taken action.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The registered person had not applied for authorisation for lawful authority to deprive people of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified, skilled and experienced persons were not deployed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person had not operated effective systems to ensure the monitoring and improvement of services.

### **The enforcement action we took:**

Warning Notice