

Regal Care Trading Ltd

Linden Manor

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 05 March 2015 and was unannounced.

Linden Manor is registered to provide accommodation for persons who require nursing or personal care. The service is registered to provide care for up to 28 older people with conditions such as dementia, sensory impairments and physical disabilities who do not require nursing. At the time of our inspection there were 22 people using the service.

At our previous inspection on 19 August 2014 we found that some specific information was missing from care

plans which meant people were at risk if they were cared for by staff that were not familiar with them. We also found that there were areas of the home that were not clean and exposed people to the risk of infection and there were insufficient staff on duty to meet the needs of the people using the service. We asked the provider to provide us with an action plan to address this and to inform us when this was complete. During this inspection we looked at these areas to see whether or not improvements had been made. We found that the provider was now meeting these regulations.

Summary of findings

The service had 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.

People were not protected against the risks associated with unsafe or unsuitable premises by means of suitable design and layout.

We found that people were protected from abuse and felt safe.

Staff were knowledgeable about risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents.

Staffing levels were sufficient to meet people's needs.

Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm.

Where needed, people's medications were managed so that they received them safely.

Staff were well trained and had good understanding of their role and key legislation. Staff were regularly supervised by senior staff and management.

Staff had received training in the Mental Capacity Act (MCA) and policies for the MCA and Deprivation of Liberty

Safeguards (DoLS) were in place. The provider had not applied to the local authority to deprive people of their liberty at the time of our visit, but had completed applications where necessary shortly after.

Care was delivered in a person-centred way which promoted people's independence, privacy and dignity.

People could make choices about their food and drink and were provided with support when required to prepare meals.

People were supported to make and attend health appointments when required.

Staff were caring and ensured that people's privacy and dignity was respected at all times.

People and their visitors were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

We found that the service listened to what people said about the care they received and took active steps to encourage feedback from each person and their families.

Management systems were in place to maintain quality and address issues in a timely manner.

You can see what action we asked the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

Staff had received safeguarding training and knew the actions to take if they suspected abuse.

Risks to individuals and the service had been assessed and procedures were in place to manage risks safely.

There were sufficient staff members on duty, performing a range of different roles to maintain the smooth running of the service. Suitable recruitment checks and procedures were in place.

People's medications was managed and administered safely.

Good



Is the service effective?

The service was not effective.

Not all areas of the service were dementia-friendly.

Staff received a wide range of training to keep their skills up to date and were supported with supervision by the registered manager.

People were supported to consent and make choices and had their mental capacity assessed when they were unable to make their own decision. The service had not made applications to the local authority to legally deprive people who lacked capacity of their liberty.

People were supported to maintain a healthy diet and had enough to eat and drink.

People were supported to access health care professionals when required.

Requires Improvement



Is the service caring?

The service was caring.

People had positive relationships with members of staff and were treated with kindness and compassion.

People were involved in planning their own care and were supported to express their views and opinions.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People received personalised care which was responsive to their changing needs and wishes.

Good



Summary of findings

People were regularly encouraged to provide their own views and opinions regarding how the service should be delivered.

Is the service well-led?

The service was well-led.

There was a positive, open culture which empowered people using the service and members of staff.

There was good management and leadership from the registered manager and the provider.

Quality audits were in place and carried out on a regular basis.

Good



Linden Manor

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 05 March 2015 by one and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is

required to send to us by law. We reviewed the report of their most recent inspection and the action plan associated with it and also spoke to the local authority about the service.

During the inspection we spoke to 5 people using the service and 2 of their visitors as well as the registered manager, the director and the head of care. We also spoke to the cook, two senior support workers and two support workers. We reviewed care records relating to 5 people who received care from the provider and 4 staff files that contained information about recruitment, induction, training, supervision and appraisals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also carried out general observations of staff interactions throughout our visit.

Is the service safe?

Our findings

During our previous inspection on 19 August 2014, we found that there were areas of the home that were not clean and exposed people to the risk of infection. This was a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we found that the service was now meeting this regulation. The registered manager had implemented a deep cleaning programme for all areas of the service on regular basis. Additional cleaning staff had been recruited and senior staff completed regular spot checks to ensure that areas have been cleaned appropriately.

The service was also in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 during our previous inspection. This was because; at the time of our inspections there were insufficient staff on duty to meet the needs of the people using the service. During this inspection we found that the service was now meeting this regulation. People were safe and their needs were met because there were sufficient staffing levels in place. One person told us, "There are enough staff." Visitors also felt that staffing levels were appropriate for the people they came to see. Staff members told us that there had been an improvement since the staffing levels were increased (following the previous CQC inspection). The registered manager confirmed that there had been a decrease in incidents, particularly falls, since the staffing levels were increased. There had also been an increase in ancillary staffing, such as housekeeping and maintenance staff which helped to maintain a safe and suitable environment for people. Staffing levels were based on people's assessed needs and there was flexibility for changes to staffing if people's needs changed.

People were protected from bullying, harassment, avoidable harm and abuse. People told us they felt safe. One person said that they, "Definitely feel safe." Another person said that they felt safe and confident that staff would keep them safe. Visitors also told us that the people they came to see were safe. One visitor told us, "They are safer than they would be anywhere else."

Staff members we spoke to were able to describe the actions they would take if they suspected abuse and the external agencies which would be involved. Staff told us

that if they did not feel that management dealt with the issue appropriately they would report the issue to an external body. We saw that safeguarding incidents were reported and investigated appropriately and that actions were put in place to reduce the likelihood that the incident re-occurred. Protection plans had been implemented following safeguarding incidents and people's care plans had been updated accordingly. We found safeguarding and whistleblowing policies in place, as well as information relating to local authority safeguarding procedures for staff reference.

Risks to individuals and the service were effectively assessed and managed. People were aware that risk management plans were in place and told us that they were reviewed with their involvement. Staff described to us how risk assessments were used to identify and manage risks to keep people safe. People had specific risk assessments which related to individual sections of their care plan. We also found detailed assessments of risks posed to people, visitors, staff and other people on the site. All risk assessments had actions to take to reduce the level of risk where possible and staff had access to them to keep themselves updated of changes. Risks were discussed in annual health and safety meetings as well as during more frequently held staff meetings.

The registered manager told us about the systems which were in place to support people in the case of an emergency. They told us that each person's needs had been identified and a personalised plan produced to guide staff and emergency services with regard to people's individual needs. We found the service had plans in place for actions to take in emergencies, such as during a fire. Each person had a specific Personal Emergency Evacuation Plan (PEEP) which recorded individual needs such as mobility issues and action to take to support that person. The registered manager had produced an emergency grab-sheet with key information from each person's PEEP collated for easy access and use.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate staff were employed to work with people at the home and were clear about their roles and responsibilities.

Is the service safe?

Disciplinary procedures were in place to manage unsafe practice. At the time of our visit there were no staff members subject to these procedures.

People's medication was managed and administered safely. People told us that they received their medication on time and that staff took time to explain to them what each medicine was for if they weren't sure. We observed people receiving their medication at the correct times and that staff gave it to them in line with their care plan and Medication Administration Record (MAR) sheet. Staff

administering medication explained to people that it was time for their medication and supported them to take their medication indecently after seeking their consent. There was a medication policy in place and staff members were trained appropriately to administer medication. We looked at MAR sheets and found that medication had been administered at the correct times and that staff had signed to say that they had given medication to people. Systems were in place so that medication was ordered, stored, administered and checked appropriately.

Is the service effective?

Our findings

During our previous inspection on 19 August 2014, we found that people were not protected from an unsuitable premises because the provider did not ensure all areas were suitably maintained. This was a breach of regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the service was now meeting this regulation. During this inspection we found that a maintenance plan had been put in place by the registered manager which included re-decoration of communal areas and all bedrooms within the service. This plan was in the process of being completed when we visited, we saw that the communal lounges had been redecorated and re-furnished and some bedrooms had been re-decorated. The registered manager informed us that people had been involved in choosing the colours and style of the décor for their rooms. One bedroom was in the process of being re-decorated and some were awaiting work starting.

Some areas of the service were not dementia-friendly. During our visit we observed one person become very distressed as one area of the home gave them the impression that they were in a train station, and if they went through to that area they would be in danger of being hit by a train. We also saw that the colour of carpet on the second floor landing and staircase to the second floor were the same. This may pose a risk to somebody with dementia as they may be unable to discern the change in floor level." We made the registered manager aware of these issues during our visit and they informed us they would address these areas. This was a breach of regulation 15 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to regulation 12 (1) (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received effective care from staff who had the necessary knowledge and skills to carry out their tasks. One person told us, "Staff are well trained, they make sure people are looked after." Another person said, "Staff know what they are doing." A visitor told us, "Staff are trained and seem to know what they are doing."

Staff told us that before starting their roles in full they received induction training which involved a local orientation to the site and a briefing on risk assessments and policies. This was followed by shadowed shifts where

they observed established staff members performing their roles. The registered manager also explained that all staff completed certain mandatory training, such as moving and handling people, before being allowed to work independently. Records confirmed that staff completed an induction programme and mandatory training.

Staff were enthusiastic about the training that they received. One staff member told us that, "Training is very good and we can raise personal training and development requests." Another staff member told us, "I'm supported by the home." The registered manager told us that training was one of her priorities and she sought training out at a number of different levels for staff. We saw records that showed staff have an effective and diverse training programme which covered a range of care topics. The registered manager kept an up to date training matrix which showed that staff training was in date and highlighted when refresher courses were booked. We saw that staff are encouraged to embark on qualifications such as Qualification Credit Framework (QCF) level 2 and 3 certificates in health and social care.

Staff received regular supervision and support from the registered manager and senior staff. One staff member told us that, "Supervisions were regular and worthwhile." Another staff member said, "You can raise concerns and they are acted upon." The registered manager told us that staff had supervisions every 2 months and used them to discuss current issues within the home and with the individual staff member in addition to annual appraisals. We looked at records which showed that in month before our visit, 18 out of 21 staff members had received supervision.

People's consent to care was sought by staff and when people couldn't consent staff followed the principles of the Mental Capacity Act (MCA) 2005. Staff told us that they helped people to make decisions by discussing options with them and offering them information and choice. When people couldn't make decisions they followed the procedures set out in the service's policy and the MCA, which they had received training in. We observed staff asking people before they performed a task, such as supporting somebody to more or stand. We looked at people's care records and saw that mental capacity assessments were in place for each person and detailed whether or not that person had capacity for a particular

Is the service effective?

area of care. Where people lacked capacity, we saw that decisions had been made in their best interests and that other people, such as family members, had been involved in the decision making process.

We spoke to the registered manager about the Deprivation of Liberty Safeguards (DoLS). They told us that none of their residents had a DoLS application currently being processed but people in the service may have been deprived of their liberty. During the inspection the registered manager explained that they had planned to make applications, but hadn't started yet. Since our visit the registered manager informed us that they had submitted DoLS applications to the local authority for all people who lack capacity within the service.

People received sufficient food and drink to maintain a balanced diet. One person told us, "The food is quite good, you get plenty. I'd tell the chef if there were problems and they would put it right." Staff told us that people were given a choice at meal times and they used plated up meals to help people choose what they would like to eat. If they

wanted something different the chef would make it for them. The chef informed us that a new menu for the service was being produced based on the feedback which people had given. We saw that there were specific care plans in place for people who required a specialised diet, such as fortified or pureed meals and for people with conditions such as diabetes. Food and drink monitoring charts were available if people required them.

People told us that they were supported to have access to health care services, such as their GP. One person told us, "Staff book health appointments and take me to them." Staff told us that they helped people to make appointments and arranged transport and additional staffing to ensure that people made it to appointments on time. We looked at people's care records and saw that people had information about their specific health care issues and had care plans for them, describing the actions that staff should take. There were also records of visits to or from professionals such as GPs, District Nurses and Chiropodists.

Is the service caring?

Our findings

Positive caring relationships had been developed between people using the service and those providing care. People told us that they were happy with the care they received. One person told us, "I am more than satisfied with what's going on." Another person said, "Many times staff have had a chat with me." Visitors told us that they felt people were treated with kindness and compassion by members of staff. One visitor told us, "I am really please with [person being visited]'s care." Members of staff were also positive about the relationships they had developed with people. One staff member told us, "I like working here." Another said, "We get time to sit down and chat to residents' about their past lives."

During our visit we observed positive interactions between people using the service, staff members and visitors. People were given time to understand information given to them and staff communicated with them appropriately. We observed one person become distressed and saw that staff responded sensitively and promptly to ease their anxiety and allow them to continue with their activity.

People were involved as much as possible in the planning and reviewing of their care. People told us that staff had asked for their input when writing their care plans and also regularly asked for feedback and for their views on the care they had received. Visitors told us that they were involved in planning people's care. We saw that people were involved in making decisions for themselves throughout the day, such as what they wanted to eat or where they wanted to spend their time. There was evidence in care files that the person and those important to them had been involved in planning care and had agreed to the content of their care plans.

People were provided with information in a way that they could understand. One person told us, "Staff are always open with me." Another person said, "You can ask if there is anything you'd like to know." Staff members described how they adapted their communication methods to meet the needs of the individual and that communication aids such as flash cards were available to help maximise peoples' understanding of what is being said. We saw that information was provided to people in an understandable way and that staff adapted how they provided information for each person.

People told us that they were regularly asked to complete satisfaction surveys on a range of different topics. We found evidence that these had been completed, such as a food survey and a dignity survey. The results of these were compiled and analysed by the registered manager and the provider to identify areas in need of improvement.

People's privacy and dignity were respected and they were treated with respect by members of staff. People told us that staff were always polite when they spoke to them and ensured their privacy was maintained, for example, staff would shut bedroom doors when they provided personal care. We observed staff treating people with dignity and respect throughout our visit. The provider held dignity meetings to discuss key points regarding people's dignity and ensure that issues were addressed and key messages were communicated to the staff team.

People and their visitors told us that there were no restrictions on visiting hours and that there were private areas of the service where they could carry out the visit. One person told us, "A visitor could come whenever they wanted". A visitor told us, "I come and go whenever I want; they are incredibly hospitable."

Is the service responsive?

Our findings

During our previous inspection on 19 August 2014, we found that some specific information was missing from the care plans although staff were aware of people's needs. This meant people were at risk if they were cared for by staff that were not familiar with them. This was a breach of Regulation 9 (1) (b) (i)(ii)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we found that the service was now meeting this regulation.

People received personalised care that was specific to their needs. Care plans accurately reflected this and contained the information that was necessary to provide people's care. People told us that they were aware of their care plans and their content. They were regularly asked for their views on their care and to let the provider know if things needed to change. One person told us, "I have a care plan in place, staff check if I am satisfied regularly." Another person said, "Staff listen and provide care the way I want." Staff told us that care plans were updated whenever needs change and people and their families were involved. Staff ensure that they are aware of the content of people's care plans before they deliver care to that person. One staff member told us, "We read the care plans so understand about people and their past lives." Another member of staff said, "Care plan reviews seek people's views and opinions."

People told us that they had been asked about what their needs and wishes were and had been involved in writing their care plans. Visitors also told us they had been consulted and asked about the person and what was important to them. We looked at care records and found that people's needs had been assessed and care had been planned in a person-centred way. Information necessary

for delivering care was clearly stated, along with information about people's past. People's views and opinions were recorded and there was evidence that care plans had been reviewed on a regular basis.

People were supported to follow their own interests and a dedicated activities co-ordinator supported people to take part in meaningful activities both within the service and local community. People told us that they enjoyed the regular activities and events which were put on and that the co-ordinator spoke with them about future activities which were being planned. We observed the activities co-ordinator working with people to complete activities in a supportive, kind and compassionate way. We also saw them discussing activities with people's visitors to ensure they were aware of what was going to happen, as well as inviting them to events.

The service listened to people's views, opinions and concerns to improve the quality of care delivered. People told us that they were encouraged to raise comments and concerns, and did so on a regular basis. They said they were listened to and that the feedback they gave led to changes in the way they received care. One person told us, "They seek regular feedback." Another person said, "I did complain once, it was all sorted." Visitors also told us that they had been asked for their comments and that they were confident that they could raise issues and they would have been listened to. One visitor told us, "I would soon say if anything was amiss, it would be taken seriously."

The service had a complaints policy which was available to people who lived there. People were encouraged to complain if they were unhappy with their care and complaints were dealt with in a timely manner. We saw that the service had a system in place to record people's compliments, complaints and concerns. The registered manager had taken appropriate action to deal with issues and had kept a log of what they had done and what they would continue to do to rectify an issue.

Is the service well-led?

Our findings

The service promoted a positive, person-centred and open culture. People told us that they were listened to and their views were taken seriously. They contributed to the development of the service and changes that had been made, for example with the recent re-decoration of the service and the development of activity plans. Staff told us that they were empowered and motivated when performing their roles. One staff member said, “it’s a very nice place to work.” Another told us, “I like working here.” We saw evidence that the provider held regular residents meetings and family member meetings. These were used to allow people to provide feedback to the service about what they felt was good and how they would like things to change. We found that people’s views were listened to as a result of these meetings and changes implemented to meet the points they had raised.

People told us that they knew who the registered manager was, if not by name by sight. They were confident that if they brought a problem to the registered manager they would be able to sort it and also told us that the manager often spent time chatting to people generally. One person said, “The manager would see me if there was a problem.” Visitors were positive about the registered manager and expressed that they often saw them within the service when they came to see people. One visitor told us, “The manager is lovely, they have good communication skills and has a good grip on things.” Staff felt well supported by the registered manager and told us that they worked alongside staff to provide care and support for people. They also felt they were supported by the provider and that when senior managers visited they were treated with respect and kindness. One staff member told us, “The manager will always assist.” Another said, “Senior managers come in and are friendly.”

We found that the registered manager was open and honest during our visit and had taken steps to address the issues which we raised during our previous inspection. They were well supported by the provider, both financially and operationally to drive improvements and change within the service. Statutory notifications were submitted to CQC by the registered manager in response to incidents and accidents and other relevant agencies, such as the local safeguarding team, were also informed.

The registered manager explained to us that the provider had a system of regular audits which were issued by the head office. These involved checking specific areas, such as infection control, domestic services and medications. In between these audits the registered manager conducted local quality checks to ensure standards were being maintained and a manager from another service conducted regular provider audits to provide further support and advice. The registered manager also conducted spot checks in various areas of care delivery to ensure staff were providing care at the required level. We saw that there was a system in place for the management of these various quality audits and that action plans were put in place to address any issues raised.

There were suitable systems in place for the safe operation and maintenance of equipment, such as manual handling aids, and the premises to ensure people were kept safe. We saw service records for equipment and observed staff carrying out visual observations to ensure equipment was in good order and free of damage before being used. A maintenance plan was in place which detailed works required to be completed to ensure the premises were suitable and safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of the design and layout of the premises.</p>