

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 well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 28 July 2017. At the last inspection, carried out on 28 February 2017 and 1 March 2017, the service was not meeting the requirements of regulations and we issued a Warning Notice under Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we twice observed people requiring thickened fluids because of swallowing difficulties had access to un-thickened drinks provided by staff. We also made requirements under Regulation 19 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not completed all the necessary checks for employing new staff and there needed to be better governance of the service to make sure the service was as safe for people as possible. The 'Is the service Safe?' and 'Is the service Well-led?' questions were rated as 'Requires improvement'.

At this inspection we found that the service was compliant with all three breaches of regulations because of improvements made. The 'Is the service Safe?' question and 'Is the service Well-led?' are now rated as 'Good'.

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.

Improvements had been made in the management of risks to people's health or safety so that care delivery was safer, particularly for those people who had a safe swallow plan in place. There was also better management of risk posed by the physical environment with hazards identified and made as safe as possible. The home had therefore met both the requirements of a Warning Notice and regulation made at the last inspection.

At the last inspection we found that robust recruitment procedures had not always been followed in making sure competent and suitable staff were employed to work at the home. At this inspection we found the provider had complied with a requirement and more robust recruitment practices were now being followed.

Medicines were managed safely with people being administered medicines as prescribed by their doctor.

Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse.

The home employed sufficient staff to meet people's needs and the registered manager kept the levels under review.

Since the last inspection care planning had migrated to an electronic record keeping system and care plans were up to date and accurate.

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

There had been improvement in the management of the home with the registered manager and provider taking action to meet the Warning Notice and requirements made at the last inspection. There were also systems in place to monitor the quality of service provided to people.

There was a positive culture promoted by the management and good morale amongst the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities in relation to safeguarding adults and knew how to report concerns.

People's risks were individually assessed and monitored and action was taken to help keep them safe. Improvements had been made in developing safer systems for people on safe swallow plans and minimising risks posed by the environment.

Medicines were stored and managed safely.

Is the service well-led?

Good ●

The service was well led.

The management team had taken action to make improvements needed that we identified at the last inspection.

People, their relatives and staff were involved in maintaining and improving the quality of the service.

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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 inspection was a focused inspection to check what actions the provider had taken to meet the three breaches of the legal requirements and regulations associated with the Health and Social Care Act 2008, we identified at the last inspection in February 2017

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 28 July 2017 and was unannounced. One inspector carried out the inspection. We met many people living at the home whilst being shown around the building and making observations in the communal living areas. We spoke with three people; however, they were not able to relate their experience of living at Linkfield Court because they were living with dementia .

One of the directors of the organisation and the registered manager assisted us throughout the inspection. We also met and spoke with two members of staff, the chef and a visiting district nurse.

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 including staffing rotas, staff recruitment records for three staff recruited since the last inspection, maintenance records, and audits to monitor the quality of service.

Is the service safe?

Our findings

People were relaxed in the presence of staff members and we observed positive interactions between staff and people.

At the last inspection in February 2017 we issued a Warning Notice under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the system to ensure that people with a 'safe swallow' plan, requiring their drinks to be thickened, was not effective. Since that inspection, the registered manager had tightened procedures and systems to prevent this recurring. People requiring their drinks to be thickened were provided with a different coloured cup to highlight to staff that these people required thickened drinks. The thickening agent was kept in the kitchen, as this product can be hazardous for people living with dementia, and drinks were prepared there and taken to people. The registered manager informed us that staff were asked to stay with the person whilst they were drinking to make sure they were safe from choking. We spoke with the chef who told us that they were fully informed and aware of people's dietary needs and needs with regards to drinks. The chef felt that the system was now working effectively. Another change since the last inspection was the introduction of a summarised sheet of people's most important needs that could be given to agency or new members of staff to make sure they were informed of important information to meet people's care needs.

At the time of this inspection there were two people who had a 'safe swallow' plan. They were provided with specified cups and their drinks had been thickened to the consistency stated in their individual care plan. The provider had therefore met the requirements of the Warning Notice as the systems were now effective in ensuring people's safe swallow plans were adhered to.

At the last inspection we identified hazards where action could have been taken to reduce the likelihood of harm to people. These included an unlocked door leading to a cellar, lockers that were not attached to the wall, people with bedrails in place where protective 'bumpers' were not provided and non-compliance with water testing for prevention of risk related to Legionella. The majority of these issues had been addressed immediately after the last inspection. At this inspection we found that the cellar door had been fitted with a lock linked to the fire safety system. The lockers were no longer at risk of being pulled over as they had been attached to the walls. People with bedrails in use to prevent their falling from bed and injuring themselves, had protective 'bumpers' to protect them from injury. The testing and compliance with water regulations had been contracted out to an external company, who were now carrying out all the required tests and inspections.

Since the last inspection there had also been other improvements. The registered manager had audited people's moving and handling needs and now everyone, who required slings for hoisting, had their own individual sling to reduce the risk of cross infection. Furniture had been audited and 12 new dining chairs and eight new lounge chairs provided. Other new lounge chairs had also been ordered. There were also plans for refurbishment of two of the bathrooms, to convert these to 'wet' rooms that would provide people with the choice of being bathed or showered.

At the last inspection in February 2017 we made a requirement action under Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because not all the checks and records were in place with respect to the recruitment of new members of staff. The recruitment records seen at this inspection showed that all the required checks had been carried out and associated records were in place. Recruitment procedures were now more robust, thus meeting this requirement.

The registered manager told us that staffing levels remained the same as those provided at the last inspection, despite there being lower occupancy with 24 people accommodated at the home. Staff we spoke with were satisfied that the levels of staffing provided still met the needs of people living at the home.

Staff had completed training in adult safeguarding, which provided staff with the knowledge about the types of abuse and how to refer allegations to the local authority. There were also information posters displayed in the home for the staff that informed of local safeguarding arrangements. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

At the last inspection in February 2017 we found there had been improvements in management of medicines in the home that we had asked the provider to make at a previous inspection. At this inspection, a member of staff assisted us in looking at how medicines were managed at the home. There were appropriate and sufficient storage facilities for storing medicines, including medication trolleys, controlled drugs storage facilities and a small fridge for medicines requiring refrigeration. Records were maintained of the small fridge to make sure medicines were kept at the required temperature.

Generally, there was good record keeping with no gaps within people's medicine administration records, showing people had been administered medicines as prescribed by their GP. We found some errors in the controlled drugs register where the balance of medicines did not tally with the records, as some medicines returned to the pharmacist had not been reconciled in the controlled drugs register. The registered manager was able to correct this after showing us disposal records that evidenced return of these medicines to the pharmacist.

There were systems for managing prescribed creams that included body maps to inform staff where to apply creams and separate cream charts for staff to record their administration. Where people had 'as required' medicines, care plans directed staff on when these medicines should be administered.

During the inspection we spoke with a visiting district nurse who informed that the home worked well with the district nursing service, making appropriate referrals and carrying out any instructions to meet people's care needs.

Is the service well-led?

Our findings

Staff we spoke with had good morale and felt the home was well-managed, providing clear direction and expectations of standards.

The registered manager told us that the management arrangements remained the same as at the time of the last inspection. Although there are two managers registered to manage the service, the home was being managed by one of these managers as the other was involved in a development project to extend the home. One of the providers took an active role in supporting the registered manager run the home.

At the time of the last inspection we found that some people's care plans and assessments were not up to date. At that time the home was changing to a computerized record keeping system and people's files were in the transition stage. At this inspection we found the new system was up and running, with care plans and assessments all up to date on the electronic system. Care plans and assessments reflected the needs of people and how staff should support them in meeting these needs. The registered manager had plans in place for extension of more in depth training for the staff in caring for people living with dementia.

The registered manager had taken action to address and make improvements with the requirements and Warning Notice made at the last inspection.

No new surveys of people's satisfaction with the service had been carried out since the last inspection as a survey had been carried out in January 2017.

There was a system to monitor incidents and accidents that occurred in the home. One particular person had experienced repeated falls. Records showed these had all been reviewed and referrals made to an occupational therapist for specialist advice on how they could work with the person and reduce the likelihood of them having further falls.

The registered manager had notified CQC about significant events such as deaths and serious injuries. We use this information to monitor the service and ensure they respond appropriately to keep people safe.