

# Brancaster Care Homes Limited

## Linford Grange

### Inspection report

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#### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



#### Overall summary

The inspection was unannounced and took place on 22 October 2014.

Linford Grange is a care service designed to achieve independent living, for individuals with mental or physical health related needs. It is registered to provide accommodation and support for 24 people. On the day of our visit, there were 20 people living in the home.

The service has a registered manager. 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 and associated Regulations about how the service is run.

We found that the service was safe for people and that staff knew how to recognise abuse and responded appropriately if they were concerned that a person had been abused.

Some people who used the service did not have the ability to make decisions about aspects of their care and

# Summary of findings

support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with and our observations throughout the day, showed that staff were knowledgeable about how to meet people's needs and how people preferred to be supported. We saw that people had their health needs met by trained staff who understood people's likes and dislikes.

Staff received training to meet the needs of people using the service and could access additional training if required. They told us they were always looking to improve their knowledge so they could provide better care for people.

Staff were seen to treat people with respect and preserve their dignity at all times. We saw staff knocking on people's doors and waiting for an answer before they entered.

People we spoke with told us they were happy with the service provided and how staff provided their support. There was a complaints procedure in place and staff and people knew who to speak to if they wanted to raise a concern. There were effective systems in place for responding to complaints.

We found that there were sufficient staff on duty to provide people with safe and appropriate care. Records showed that appropriate pre-employment checks had been carried out to ensure that suitable staff were employed to work with the people living at Linford Grange.

A variety of audits were in place to assess the quality of the service that was provided and were used in conjunction with involving people who used the service, their relatives, and health care professionals. We also saw that health and safety monitoring was carried out to ensure the safety of the environment for people who lived in the home.

# 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?

This service was safe.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare.

Staff were knowledgeable about people's needs and knew what to do to keep people safe and prevent risks from harm.

A thorough recruitment procedure was in place and sufficient staff were available to keep people safe at Linford Grange. We found that staff rotas were organised to ensure people received support to meet their needs.

Medication systems and processes were safe and supported staff to keep people safe and free from harm.

Good



### Is the service effective?

This service was effective.

People's nutritional wellbeing was monitored and any concerns acted upon. People were offered choices of food and drink to encourage them to take adequate nutrition and hydration.

Staff had received the appropriate training and on-going support to ensure they carried out their roles so that people received their assessed care and support needs in an appropriate way.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

Good



### Is the service caring?

This service was caring.

People made choices about how they wanted to be supported and staff listened to what they had to say.

People we spoke with were complimentary about the care and support they received.

Staff supported people to be as independent as possible and we saw that people were given time to respond and that staff were attentive and caring throughout our inspection.

Good



### Is the service responsive?

This service was responsive.

People had their needs assessed and reviewed on a regular basis. The care records showed how they wanted to be supported and people told us they could choose how this support was provided.

People were able to raise complaints about the service and felt confident that they would be listened to and supported to resolve issues.

Staff supported people to engage in various interests, which people told us were meaningful to them. This ensured that the service met individual needs and preferences.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The service had a good and stable management team in place. People told us the registered manager and other staff were approachable.

People were able to comment on the service provided to influence service delivery. There were effective procedures in place to monitor and improve the quality of the service.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

**Good**



# Linford Grange

## 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 22 October 2014 and was unannounced. The visit was undertaken by an Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert had experience in caring for someone with dementia care needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, 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 observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with nine people who used the service, two health professionals, the registered manager, seven members of care staff and one domestic.

We looked at six people's care records to see if their records were accurate and up to date. We looked at four staff recruitment files and further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe living at Linford Grange. One person said, “I know I am safe, I am not sure where I would be without the staff here. They look after me and make me feel safe.” Another person told us, “Yes I am safe; there is no doubt about it.” Everybody we spoke with said they would speak to staff if they were worried about anything and told us that they had no concerns about the care they received from staff.

Staff were clear about how to recognise abuse and could explain the different types of abuse. They were all able to tell us how they would respond to allegations or incidents of abuse, and also knew the procedures regarding reporting any allegations or incidents of abuse in the home. Staff felt that people were kept safe through their actions and had no current concerns about the care they received from the other team members. One staff member told us, “I know that people are safe, we would not be giving good care if they weren’t.” Staff training records showed that staff had received training in safeguarding adults and the staff that we spoke with confirmed this.

Staff confirmed that the risk assessments they used were reflective of people’s current needs and guided them as to the care people needed to keep them safe. One staff member told us, “We all know how important the information is, it helps us to look after people.” We found that in practice, individual risk assessments had been completed and updated, for risks including falls, manual handling and nutrition. We found that the risks to people of poor care and neglect had been reduced because assessments had been completed and were reviewed and updated on a regular basis.

Staff told us that as well as using safeguarding procedures, they were aware of the whistleblowing policy, which meant they could take any concerns to appropriate agencies outside of the service and organisation. One staff member said, “Of course I would, if I needed to I would blow the whistle, without hesitation. If it meant keeping people safe then I would do it.” The service had policies and procedures in place, and staff explained that they would follow these should the need arise to ensure they took the correct action to protect people.

Staff told us that they had undergone a comprehensive recruitment and induction process. One staff member said,

“I was not allowed to start work until they had checked all my paperwork.” The deputy manager said how important it was to make sure the staff they employed were safe to provide support to people. The staff recruitment records we looked at 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 and previous employment references. This demonstrated that the provider minimised the risks to people by ensuring that robust recruitment systems were in place to protect people.

One person told us they had experienced a recent fall which they knew staff had documented in their records. They told us that they felt safe in the knowledge that staff monitored them and took action to keep them safe and free from harm. We found that records of incidents and accidents were maintained and were reviewed on a regular basis by senior staff. Where a pattern emerged, action was taken to address the issue. We found that action was taken to ensure that when a risk to a person’s welfare had been identified, it was dealt with appropriately to maintain the person’s safety.

People felt that enough staff were available to provide them with support. When we spoke with staff they told us that decisions about staffing levels were based upon people’s needs and dependency levels. This was to ensure people received the care and support they needed to remain safe. One staff member said, “We never use agency staff, we all would rather cover extra shifts when needed as this is better for the people who live here.” Another member of staff told us, “We have plenty of staff, people are supported to do what they want to, when they want to because of the in built one to one support they have. It works well.” The staff we spoke with told us there was always enough staff on duty to meet people’s needs. We looked at the staff rotas and saw that systems were in place to manage and monitor how the staffing was provided.

The registered manager confirmed that additional staff would be provided to meet people’s needs when necessary. For example, we saw that some people required one to one supervision at certain times of the day and that additional staffing had been provided to support these people’s assessed needs safely. We found there were sufficient staff on duty to care and support people and meet their needs.

## Is the service safe?

Staff told us they had been trained in the safe handling, administration and disposal of medicines. We looked at the medication systems and found that medicines were stored safely and securely, and the records indicated staff were administering medicines to people as prescribed. Where required, risk assessments had been undertaken to ensure medicines were administered when appropriate. We

observed staff administering medication and found this was carried out correctly. Medicines were audited and staff demonstrated through their actions they were managing people's medicines safely. There were suitable systems in place to ensure the safe storage and administration of medicines throughout the service.

# Is the service effective?

## Our findings

People told us they were always consulted about the care needs they required support with and that staff understood the care that they required. One person said, “They really know what they are doing, I never have to tell them.” Another person told us, “They are all good at their jobs. I have no complaints.” We observed that staff had a good awareness of what people’s needs were and appeared to care for them instinctively.

Staff confirmed that they had received an induction when they started their employment. One staff member said, “I had good support throughout my induction and was made to feel very welcome.” Another staff member said that the induction process had made them feel that they could do the role they had been employed to do.

Staff told us they had received lots of training since starting work at Linford Grange and that this had helped them to provide better care for people. Staff said they had received regular training across a range of subjects, some internal to the service, some with the local authority and some computer based. One indicated they were at National Vocational Qualification (NVQ) level 3 and another at level 2. One member of staff said, “I take every bit of training going, it is how I can improve myself and learn and develop.” We were also told that, “We get lots of training and support and because we have all worked here for a long time, we work well together.” When we asked the member of staff about this, they went on to say, “Our training gives us a level of consistency, we all work in the same way because we have had the same training.” We saw that staff ensured that all training certificates were kept in their training files, as evidence they had attended the training.

We spoke with staff about any additional support they received from the registered manager. They told us that they received supervision sessions once every two months, which enabled them to discuss any training or development needs and raise any other concerns that they had. A member of staff told us, “Supervision is good and I feel comfortable in asking for support and advice if needed.” The supervision process helped staff to feel positive in their work and to identify areas that they needed

to improve upon. We saw records to confirm that staff received regular supervision to support them in their role. This meant that people received care and support from a knowledgeable and well supported team.

People told us that staff always asked them before supporting them. One person said, “They ask me what I want to do, I always have a choice.” Another person said, “If I don’t want to do something, then I don’t do it.” When we asked this person if staff were good at their jobs, they replied, “Yes, they know what they are doing.” We observed that staff listened to what people wanted and gained their consent prior to giving any required interventions. For example, one person asked to be taken to the garden and staff asked, “Is it alright if we go now?” before assisting the person. Another person required support with manual handling and we observed that this was carried out in a competent manner, with staff ensuring that the person was communicated with at all times, so that they could intervene if they did not like something. People who lived at the home therefore received effective care and support from knowledgeable staff.

The registered manager and staff responsible for care planning understood the legal requirements that were in place in respect of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us that where best interest decisions had been made, appropriate people were involved in the process. It was evident that there was a robust decision making process used to determine people’s care recorded within their care plans.

No one who used the service was subject to the Deprivation Of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw that there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection. At the time of the inspection, senior staff told us they were seeking guidance from the local authority about how this legislation should be implemented.

Staff told us that the registered manager had the contact details if people needed the help and advice of a local advocate. Staff also told us that care records contained information in respect of those family members who had Lasting Power of Attorney’s which enabled them to make decisions on behalf of people that were safe and in people’s best interests.

## Is the service effective?

People told us that they were very happy with the food available at Linford Grange. One person said, “I really like the food and I always get a choice.” The people we spoke with said they felt at ease in the company of staff and that meal times were relaxed. We observed people during breakfast and lunch, and saw staff offering support to people in a way which maintained their independence. We saw people being offered second helpings and found that the portion sizes were appropriate to match people’s preferences.

We spoke with catering staff and found they were aware of people’s nutritional needs including those who required thickened fluids, a diabetic diet or fortified foods. Staff told us that care records showed that people’s nutritional needs were assessed and recorded and that people had been assessed for the risks associated with poor dietary intake and dehydration. Meals were nutritionally balanced and portion sizes were checked with people to ensure they were acceptable. Fluids were available to people throughout the day and people told us that food was available to them whenever they wanted it.

People told us that they saw the doctor when they needed to and that if they felt unwell that staff would react to this. One person said, “I get to see the nurse when I need to, if staff need to know something they will call the nurse.” Another person told us that after experiencing falls, they were supported by staff to obtain a wheelchair to enable them to have easier access within the home. We saw that following review, some people’s one to one support had been changed, so that they received more personalised care based upon their changing preferences.

We spoke to a healthcare professional who said that the care provided within the home was suitable to meet people’s needs and that the staff engaged with them in receiving training for specific conditions. We found that people had regular access to a range of healthcare professionals which included GPs, dentists and district nurses. People were therefore supported to access healthcare services which helped to maintain good health and well-being.

# Is the service caring?

## Our findings

People told us that the staff that supported them were friendly and caring. One person said, "I haven't been here long but I like it. The staff are friendly." Another person told us, "It's all very nice, people are friendly and I'm allowed out in the nice garden." This person told us that they liked visiting the garden so were thankful for the help that staff gave them in enjoying it. People told us that they were happy to call any staff member for help as they were all kind and caring.

We observed that staff had time for people and stopped to talk with them and that this made a difference to how people felt. One person said, "Staff always talk to us about things that are important, it does make a difference." Another told us, "We can have a laugh." We observed staff taking time to interact with people and engaging and smiling with people when they entered the communal lounge area or dining room. People and staff were seen to engage with each other and we heard some positive examples of conversations with people, about things they were interested in, for example, a football match that had recently taken place.

Staff told us they felt they knew the people who lived at Linford Grange well. One staff member said, "I know how important it is to find something important to people, to have some common ground and be able to talk to people, especially those living with dementia. I think it helps them." Our observations showed that staff took pride in their roles and understood their responsibilities.

People told us that they were given time to make decisions and that staff were patient, supportive and respected the choices they made. For example, one person told us they wanted to remain in their room and we saw that staff ensured they were comfortable and had everything they needed, making sure they checked on them during the morning. Another person told us that staff always helped them to talk things through so that they felt happy with the decision they had made. We observed a number of positive and friendly interactions between staff and people during our inspection, including spontaneous singing between one member of staff and a person they were supporting to leave the communal areas. Throughout our inspection we saw that staff were courteous, caring and patient when supporting people.

One person told us, "Staff are good at allowing me some private time; I think I am respected by them and they give me my privacy when I want it." We saw that people's privacy and dignity was protected, for example, staff were seen to knock and wait for an answer before entering people's bedrooms. One person had only recently been admitted to the home and we heard staff telling the person where their possessions were and that they would help them to get their room how they wanted it to be. This person told us that this made them feel valued and respected by staff as they wanted to help them and this made them feel cared for. This feeling was shared by the other people that we spoke to during our inspection.

# Is the service responsive?

## Our findings

People told us that the activities offered at Linford Grange were individual and one's that they enjoyed doing because they meant something to them. One person attended a day centre and another enjoyed going shopping locally. Despite their programme of activities, if they chose to do something else within their assessed one to one hours, staff could accommodate this. We found that each person had been assessed before admission to the home and that their likes and dislikes had been documented and their preference for activity had been built into the daily schedule.

One person told us that they were supported to go to college which they enjoyed. Another person had recently moved into the home and told us that they were going to arrange their room how they wanted it. People were encouraged to engage in conversation with staff and supported to participate in social activities which catered for individual needs and preferences. People told us that they utilised periods of one to one care on a daily basis, to undertake activities of their choice, for example, attending a football match, going to a coffee shop, the theatre or shopping.

Staff told us they were constantly reviewing what people wanted to do and when they did not have individual support, that group activities were offered, such as bingo or arts and crafts. People were encouraged to make choices as to what they wanted to do. We found that one to one support for some people gave them opportunity to follow their interests of choice and that for others, it enabled them to remain in the home environment, talking with staff if this was their choice. We spoke with the registered manager and were advised that the philosophy of care was that the service was home to people and because of that they were given the opportunity to do what they wanted to. Some people did not want to be engaged for sustained periods of time and others preferred to spend large parts of the day engaged in activities of their choice.

Staff told us that every shift was different and that is what they liked about their role. One said, "Every day is different,

it is not boring coming into work." We saw photographs of the activities that had taken place and found that people were smiling and looked like they were enjoying themselves.

Throughout our inspection we heard staff asking people what they would like to do or where they would like to sit, what they would like to drink. One person was supported to return to their room each time they wanted to move from the communal areas and staff were swift to respond to this person's requests. We saw that call bells were responded to promptly. Staff responded and understood people and were able to meet their needs.

Staff told us that the care plans were updated from on-going staff observations, daily care entries, and discussions with health professionals and relatives. Staff discussed issues and changes to people's care with each other and took into account what people felt about their care needs, so that staff were always aware of people's current needs and delivered appropriate care when required. We looked at six care plans which showed that people's needs were assessed before admission to Linford Grange. They had been regularly reviewed and updated to demonstrate any changes to people's care. The records provided staff with the information they needed to have to enable them to provide people with individualised care.

Two people told us they would not hesitate to speak with the manager if they had an issue. One person said, "I don't have any complaints but if I did, I would not be worried about telling staff about them." Staff told us that they would help people to raise complaints if it was required, for example, about their care or the food they received. One staff member said, "Complaints help us to learn and get better, they are not always a bad thing." A complaints procedure was provided and available for people, so they would know how to raise any concerns. We found that concerns could be raised and that the registered manager worked in partnership with people and staff to resolve them.

# Is the service well-led?

## Our findings

People we spoke with told us they knew who the manager and other senior staff were and had no concerns about the running of the home. Health professionals said that the home was good and that staff always communicated with them, ringing for advice when required. Staff told us that they enjoyed working for the provider and felt that the close knit team benefitted the people living at Linford Grange. One said, “We are a well- led team, there is no doubt about it.”

The service had a registered manager in post that was supported by other senior staff. We found the registered manager and senior staff had a good knowledge of all aspects of the service, the people using the service and the staff team. They knew how to structure the work rotas to get the best from staff members. When annual leave took place, the provider ensured that the staff skill mix remained the same to avoid disruption to people.

Staff told us that the registered manager had an ‘Open Door Policy’ and they could talk to her at any time. All the staff we spoke with told us that they felt supported and understood their role and responsibilities. We saw that staff received one to one supervisions approximately every eight weeks, and also had staff meetings to discuss matters that affected the running of the home, being able to contribute ideas, challenge areas where improvements could be made and make constructive comments to improve and develop service delivery. We observed that the registered manager worked well with staff and was available to support them when needed.

One member of staff said, “I have worked here for a long time now and have been given so many opportunities by the manager, it’s a great place to work.” Another told us, “This really is a great place to work, the team really cares and the manager supports us all the way. We get what we need and we all want the best for people.” Staff said they were happy in their work and felt able to challenge areas

they did not agree with and that they would be listened to. They felt that the support they received and the open culture within the home enabled them to provide good quality, effective care for people.

The deputy manager and registered manager told us that they always completed required notifications and audits to monitor the quality of the service delivery. A notification is information about important events which the service is required to send us by law. We saw that both notifications and audits had been completed in a timely manner. Audits had been completed on things such as: fire, health and safety and catering. Where possible improvements had been identified, this was followed up to ensure that action had been taken.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The registered manager told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on how to improve the service each year. We saw the results of the most recent questionnaire that had been sent out to gain people’s opinion on the service provided; and reviewed the action plan that had been developed from this which detailed the areas where improvement could be made. We also found that people were supported to provide their views on how to improve the service in key worker sessions and meetings to discuss how the service was running.