Country Court Care Homes 2 Limited

Link House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Link House is a residential care home that can provide nursing and personal care for up to 52 people. At the time of our inspection 48 people were living at the care home. The building comprising of three separate floors, each of which has separate adapted facilities. The service provides support to older people who mostly have nursing needs. One floor specialises in providing care to people living with dementia, which represents approximately a third of the people currently using the service.

People's experience of using this service
The care home remained inconsistently led. This was because as identified at the care home's last inspection, the provider still did not have a manager registered with us and had continued to experience higher than expected rates of manager turnover.

The care home was not always safe. We found some people had been placed at risk of harm, as staff did not always have access to clear guidance on how to keep people safe. Medicines were not always stored safely.

The care home was not always effective. This was because staff did not always have the right levels of training and support they required to effectively meet people's needs and keep them safe. We discussed these staff training and support issues with the new managers at the time of our inspection, who showed us an action plan they had already developed and started to implement to ensure all staff were adequately trained, supported and appraised by 1 May 2022. Progress made by the provider to achieve these stated goals will be closely monitored by the CQC.

The care home had experienced a staffing level crisis during the winter due to staff pressures associated with COVID-19 but were now adequately staffed. The new manager told us they planned to increase staffing numbers on duty across the day from 1 April 2022. The provider had put adequate measures in place to mitigate risks associated with these staff pressures. Prospective new staff continued to undergo robust pre-employment checks to ensure their suitability for their suitability and fitness to work in the care home.

People were protected against the risk of abuse and neglect. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.

Assessments of people's support needs and wishes were carried out before they moved into the care home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. People lived in a suitably adapted, decorated and furnished care home that was well-maintained.

People living in the care home, their relatives and staff were all complimentary about the way the relatively

new management team now ran Link House, and how approachable and accessible they were. The quality and safety of the service people received was routinely monitored by the new management team who clearly recognised the importance of learning lessons when things went wrong. The manager promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff who worked there. The provider worked in close partnership with other external health and social care professionals and agencies to plan and deliver people's packages of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection
The last overall rating for this service was good (published 6 January 2021), but requires improvement for the well-led key question.

Why we inspected
At our last inspection we discussed with the provider issues they experienced retaining competent staff to manage the care home. We continued to receive concerns in relation to how the service was managed. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Link House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection we found the provider still needs to make improvements in relation to having a manager registered with us. We also identified a breach in relation to how the provider assessed, prevented and managed identified risks people might face. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Link House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector, a specialist advisor (SpA) and an Expert by Experience. The SpA was a registered nurse with experience of working with older people living with dementia and the Expert by Experience was a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Link House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced on the first day. Inspection activity started on 10 March and ended on 17 March 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and external professionals who work with the service. We used the information the

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

During the inspection
To find out about people's experiences of using this service we spoke in-person with six people who lived at the care home and five visitors including, three relatives and a friend, and a community health care professional. We also spoke with the service's new manager, area manager, and a visiting manager from another of the provider's care homes; three nurses, two senior team leaders, six care workers, the cook and business support.

Records looked as part of this inspection included, seven people's care plans, six staff files in relation to their recruitment, training and supervision, and multiple medication administration record (MAR) sheets. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also read.

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.

After the inspection
We received telephone or email feedback from five relatives and three community health and social care professionals who work with the service including, a GP, a nurse and a social worker.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and supervision and people's daily fluid and repositioning/turning charts.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were now not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured people were protected against the risk of avoidable harm.
- People's care plans did not always contain adequate information for staff to follow to help them prevent or appropriately manage risks people might face. Risk assessments and management plans were sometimes either missing, not accurate or not sufficiently detailed. For example, one risk management plan did not include any specific details about how staff should manage a person's diabetes, while another was not clear how staff should prevent or manage behaviours considered challenging, which sometimes occurred when an individual was being assisted by staff. In addition, we were unable to access any detailed guidance to help staff appropriately manage a person's mental health care needs including, what signs and symptoms to look out for.
- We also received mixed feedback relatives and community professionals about how the provider assessed and managed risks people might face. For example, a relative told us, "I think the staff are caring and do their best, but when my [family member] was living at the home he sustained many injuries as a result of falls, which I felt were preventable at the time, if staff had had better risk assessments to follow". In addition, a community professional said, "Although I found risk management plans available in the home to guide staff, I often found them to be out of date or contain inaccurate information about my client. I've seen care plans that clearly state people can eat and drink independently, but when I meet them in-person, it's evident they can't without any staff help."

People had been placed at risk of harm because staff did not always have access to sufficiently detailed guidance that made it clear what action they needed to take to keep people safe. This represents a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always stored safely. During this inspection, we found a medicines room door with a keypad device attached had been left open. Inside this unoccupied room were needle sticks left in a lidless container on open shelving and stocks of medicines stored in an unlocked fridge with the keys left in the lock. This meant various medicines and clinical equipment could easily be accessed by unauthorised people either living, working or visiting the care home.

The provider responded immediately during and after the inspection. The manager ensured the unlocked clinical room and medicines fridge were both locked at the time of the inspection when we brought the issue to their attention. The manager also confirmed all staff would be reminded about their responsibilities to always keep medicines and clinical supplies safely stored.

● People told us their relatives who lived at the care home received their prescribed medicines as and when they should. For example, one relative said, "My [family member] does require help from staff to take his medicines, and he has never indicated to us he has experienced any problems with this."
● People's medicines records were kept up to date with no recording errors or omissions found.
● Care plans included detailed guidance for staff about people's prescribed medicines and how they needed and preferred them to be administered.
● Medicines were routinely audited by managers and senior nursing staff.

Staffing and recruitment
● We were assured the provider's staffing and recruitment systems were safe.
● Relatives and staff told us the service had been through a "staffing crisis" at the end of last year and the beginning of this one, but most felt the situation had significantly improved in recent months. For example, one relative remarked, "Yes, I believe there is now enough staff around, but I know they were very short staffed over the winter", while a member of staff said, "I think we had hit a bit of a crisis point before, during and just after Christmas due to large numbers of nursing and care staff going off sick with COVID-19 or just leaving, but staff numbers are definitely on the up now".
● Staff duty rosters indicated there had been numerous occasions during the winter months when the number of staff the provider calculated were needed to be in duty had fallen below the required levels to meet people's care and nursing needs.

We discussed these workforce pressures with the managers at the time of our inspection who told us they no longer had large numbers of staff vacancies following the recent recruitment of nursing, care, hospitality and social activity coordinator staff.

The provider also responded immediately during the inspection and confirmed from 1 April 2022 staff working across the day would be increased to include an additional care worker, a hospitality host, and an activities coordinator. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

● Staff were visibly present throughout this two-day inspection and we saw there were enough staff on duty to meet people's needs and keep them safe. For example, we observed staff respond quickly to people's requests for assistance or to answer activated calls bells. One person told us, "Staff do come as quickly as they can when I press my call alarm for help."
● The provider continued to perform robust pre-employment checks to ensure the suitability of staff for their role. These included identify checks, previous employment, their character, their right to work in the UK and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The service was facilitating visits in accordance with current government infection prevention and control (IPC) guidance. People could visit the care home providing they followed the provider's strict COVID-19 guidelines. This included arranging visits in advance to minimise visitor numbers and showing proof they had tested negative for COVID-19 on the day of their prearranged visit.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were in place to protect people from the risk of abuse.
● People said the care home was a safe place to live and that staff treated them well. For example, one relative told us, "I'm confident my [family member] is quite happy and safe living at Link House", while a second relative said, "I know my [family member] feels safe here, which is very reassuring".
● The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
● Staff received safeguarding adults training as part of their induction, and they knew how to recognise and respond to abuse they might encounter, including reporting it.
● The managers understood they had a responsibility to immediately refer safeguarding incidents to all the relevant external agencies and professionals, ensure they were fully investigated and take appropriate action to minimise the risk of similar incidents re-occurring.

Learning lessons when things go wrong
● The provider learnt lessons when things went wrong.
● The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, the relatively new management team following a thorough audit of the care home had developed a time specific action plan that set out what steps needed to be taken to improve Link House. This included action to improve staffing levels and staff training and support.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received all the up to date training and the support they needed to effectively carry out all their roles and responsibilities. For example, contrary to the provider's staff training and support policies and procedures only half the staff team had had their overall work performance formally appraised in the last 12 months. In addition, not all staff had received up to date training in a number of key areas of their practice including, preventing and managing falls and pressure sores, moving and transferring, and safe handling of medicines.

We discussed this staff training and support issues with the new managers. They responded immediately during and after our inspection and acknowledged they had identified large gaps in staff training and support following a recent internal audit they had conducted. The managers confirmed they had developed a time specific action plan in response, which they had already started to implement. The manager told us would continue implement this improvement plan and hoped to ensure all staff were suitably trained, supported and appraised by 1 May 2022. Progress made by the provider to achieve these stated goals will be closely monitored by the CQC.

- All new staff had completed a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities, despite not always having received the most up to date training. Staff also told us the training they now received had started to improve since the arrival of the new managers, who they felt were supportive. One member of staff said, "We certainly seem to have a lot more training these days and the new manager seems very keen for us to complete all the training we should be doing."
- Since the new managers identified staff were not attending regular supervision meetings with their line managers, they had ensured everyone working at the care home had at least two supervisions in line with the providers staff supervision policy. Staff confirmed they were now attending regular supervision meetings with their line managers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● People consented to the care and support they received from staff at the service.

● Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.

● People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

● People's care needs were assessed before the service started to provide care or support and these assessments were used to inform people's care plans. People and their relatives said they were invited to participate in the assessment process to help staff to further understand people's needs.

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

● People were supported to access food and drink that met their dietary needs and requirements.

● People told us they were happy with the overall quality and choice of the meals provided at the care home. One relative said, "I often visit and see the meals being served. The food does look good, nutritionally well-balanced and I am happy with the quantity and choice my [family member] is offered."

● We observed staff assisting people to eat and drink in a dignified and respectful manner. Staff achieved this by sitting next to people so they could be in the person's line of sight. Staff also frequently asked people if they were enjoying their meal.

● Staff demonstrated a good understanding of people's dietary needs and preferences. For example, we saw the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals to meet peoples specific nutritional needs. Catering staff were also aware which food groups certain individuals did not eat because of their religious beliefs.

● People's care plans included assessments of their dietary needs and preferences. A relative told us, "Staff ensure my [family member] always has some water next to their bed and they get enough food to eat."

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

● People were supported to stay healthy and well.

● People's care plans detailed their health care needs and conditions.

● Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community health and social care professionals. One person told us, "The staff do come when I call them and make sure they call the doctor if I tell them I need one."

Adapting service, design, decoration to meet people's needs

● People lived in a suitably adapted care home that had been decorated to a very high standard.

● Since our last inspection the service had been totally refurbished. For example, all the communal areas had been repainted or new wallpaper hung, and furnished with new tables and chairs, curtains, carpets and lighting.

● People told us the service was a relaxed and comfortable place to live and were impressed with all the recent improvements made to the interior décor of the care home. A relative said, "It's certainly always pleasantly warm in the home whenever I've visited."

● We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this Key Question was rated as requires improvement. At this inspection this Key Question has remained requires improvement. This meant the service management and leadership was still inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection we found evidence the service was inconsistently managed. This was because the care home still did not have a manager registered with us at the time and continued to experience higher than expected rates of manager turnover. For example, since the provider took over this care home in April 2019 seven different managers had been in day-to-day charge there, none of whom had been in post for more than 12 months.

We discussed this ongoing management issue with the provider at the time of our last visit who told us they would have a suitably competent person in post and registered with us by Janaruray2021.

At this inspection we found not enough improvement had been made.

- This was because contrary to the care homes condition of registration to have a suitably competent manager registered with us, the service continued to remain without one. This meant the care home had now been without a registered manager for the past 18 months, although the services latest manager, who had been in post for four months, had now applied to be registered with us.
- The care home also continues to experience unexpectedly high rates of management turnover. Since our last inspection, which we carried out in December 2020, three different managers have been in day-to-day charge at Link House. They also have a new area manager.
- In addition, we continued to receive mixed feedback about how Link House was being managed from relatives, community professionals and staff who worked there. People told us they remained "disappointed" and "frustrated" at the constantly changing management arrangement at the care home. For example, a relative remarked, "It's been very disappointing to have to continually deal with new managers here, with their different styles and approaches." While a community health care professional told us, "We have had ongoing issues over the last few years with multiple care home managers, only lasting short periods. This lack of continuous leadership we feel makes providing optimal care challenging, especially as the care home has recently seen an increase in the number of nursing residents."

We discussed this ongoing management retention issue with the service's relatively new management team, who acknowledged the care home had not been consistently well-led in the past three years. They assured us they would provide the care home with the much-needed leadership stability it required to improve.

Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

● The new management team recognised the importance of learning lessons from past mistakes. The quality and safety of the service people received was routinely monitored by the management team, at both a provider and service level, and the outcome of these audits routinely analysed. For example, the managers had started to implement an action plan they had developed to address a number of issues they found as part of a thorough audit they had recently carried out of the care home. This included improving staffing levels, and staff training and support.
● The manager told us they conducted daily walkabout tours of the care home to observe staffs working practices, which included checking staff treated people with respect and dignity, and wore their PPE correctly.
● People living at the care home, their relatives, and staff all spoke positively about the way the care home was now managed by the new management team. For example, a relative said, "I do have a lot of time for the new manager who seems to know what he is doing", while a member of staff told us, "The new managers are very supportive and approachable. Let's just hope this lot stay long enough to make the improvements we desperately need here."
● The manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
● We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● The new managers had a clear vision for the care home. They told us they had started to ensure staff attended regular individual supervision and group team meetings to remind them all about the provider's underlying core values and principles of promoting high-quality, person centred care.
● The manager was aware of their responsibilities under the Duty of Candour. They understood under the Duty of Candour they must be open and transparent and apologise if things went wrong with the care people received. For example, the manager showed us emails they had sent to relatives apologising for mistakes that had previously happened at the care home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The managers promoted an open and inclusive culture which sought the views of people living in the care home and their relatives.
● We received positive feedback from people about the leadership style of the new management team. For example, several relatives told us the new managers within a short period of time had created a more open and supportive culture at the care home. A relative remarked, "The managers are responsive to my questions and supportive of my [family member] and me. They always call me to let me know what's going on or if there's a concern."
● The managers used a range of methods to gather people's views about what the care home did well or might do better. For example, managers and staff routinely initiated contact with people's relatives through regular telephone and video calls.
● The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from their line managers.

Working in partnership with others

● The provider worked closely with the Local Authority and various external health and social care professionals and agencies including, GP's, community nurses and social workers.

● The manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. A community-based social care professional remarked, "I have always found the new manager and his team responsive to any requests I make or advice I might give regarding my clients I have placed at the care home."

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service had been placed at unnecessary risk of avoidable harm because the provider had failed to always ensure they assessed and did all that was reasonably practicable to mitigate health and safety risks people might face. Regulation 12(2)(a)(b)