

Cinnabar Support and Living Ltd

Linford Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Linford Grange is a residential care home providing personal care to 14 people at the time of the inspection. The service can support up to 20 people. The service supports a wide range of people including older people, people with learning disabilities, and people with brain injuries.

People's experience of using this service and what we found

The registered manager had not always notified the Care Quality Commission (CQC) of certain events as required by law.

The environment was not always safe. A fire escape was blocked with equipment and a fire door had been propped open, preventing it from closing. Wardrobes were not secured to walls, preventing them from falling over. Audits had not picked up on these issues.

Recruitment procedures were not always robust. Appropriate checks and assessments were not always carried out to ensure all staff were of suitable character to work with vulnerable people.

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.

Staff we spoke with understood safeguarding procedures and how to raise concerns and felt confident their concerns would be followed up. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Medicines were stored and administered safely, and people we spoke with were happy with the support they received in this area. Staffing support matched the level of assessed needs within the service during our inspection, and staff were trained to support people effectively. All staff felt well supervised and confident in their roles.

People told us they enjoyed the food prepared for them, and support was given to people to eat in communal areas or within their own rooms.

Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs. People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible. Care plans reflected people likes, dislikes and preferences. People were engaged with by staff and had the opportunity to take part in activities.

People and their family were involved in their own care planning as much as was possible, and a complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. The service had a registered manager in place, and staff felt well supported by them.

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

Rating at last inspection

The last rating for this service was Good (9 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Regulation 18 – Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009.

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

Since the last inspection we recognised that the provider had failed to notify us of certain incidents they are required to. Notifications are information that the provider is required to send us by law. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Linford Grange

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

This inspection was carried out by one inspector.

Service and service type

Linford Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the provider information return. 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 took

this into account when we inspected the service and made the judgements in this report.

During the inspection-

During the inspection we spoke with two people using the service to gain their views about the care they received. We spoke with three care staff, the chef, and the registered manager. We reviewed the care plans and other associated records for three people using the service. We looked at other records in relation to the management of the service, these included three staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

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 now deteriorated to requires improvement.

This meant some aspects of the service were 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

- The environment was not always safe. During our inspection, we saw that a fire exit was blocked with equipment including wheelchairs and walking aids, preventing clear access. We also saw that a fire door was propped open with a fire extinguisher, preventing it from closing properly.
- Most people had wardrobes in their bedrooms. These wardrobes were not securely fixed to the walls and could be toppled over if items were stored incorrectly, or if a person pulled them over. The service supported some people who displayed behaviour which may challenge and had not assessed this environmental risk appropriately.
- The registered manager told us they would ensure the fire risks were addressed immediately, and that wardrobes would be secured to walls by the maintenance staff as soon as possible.
- People had risk assessments in place to support staff in keeping them safe. These assessments covered such things as challenging behaviour, moving and handling, and personal care. Risks were regularly reviewed and updated as required.
- Staff we spoke with were all confident they could support people safely.

Staffing and recruitment

- Safe recruitment practices were not always robust. The service carried out Disclosure and Barring Service (DBS) checks on employees. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. We saw that when a DBS check had alerted management of an employee's previous convictions, appropriate measures were not taken to ensure that risks were assessed, and the person was of suitable character to be working with vulnerable adults. The registered manager informed us they would be implementing these checks and risk assessments from now onwards.
- Previous employment references and identification checks had been carried out appropriately in all the staff files we looked at.
- There were enough staff on site to keep people safe, and feedback we got from people was that staffing levels were consistent. One person told us, "Yes plenty of staff, they are always checking on me."

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of avoidable harm. One person told us, "I have felt comfortable and safely treated since I got here. I can't fault anything."

- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take if they had concerns and had a good understanding of reporting serious concerns to external agencies under whistleblowing procedures.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The service was clean and tidy, and good hygiene practices were observed throughout the service. One person told us, "It's always kept clean, the staff clean my room for me."
- The kitchen area in the service where all food was prepared and served, had been awarded a five-star rating for food hygiene practices by the local authority.

Learning lessons when things go wrong

- The registered manager and the staff team reviewed and evaluated their practice to identify how improvements could be made. Accidents and incidents were recorded, and actions were created to ensure lessons were learnt.
- Team meetings were held to discuss all aspects of the service including any incidents which had occurred and areas for 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their care and support needs assessed to ensure they could be met, and staff were provided with essential information to manage people's risks.
- People's protected characteristics under the Equality Act were considered and respected. This meant people's specific needs, for example relating to their religion, culture or sexuality were respected and met.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction training, which included shadowing more experienced staff and completing the care certificate. The care certificate covers the basic skills required to work in care.
- Staff demonstrated good knowledge of the needs of people using the service and said they felt supported in their roles. They said the registered manager was approachable and offered guidance whenever needed.
- Ongoing training was available for staff continuous learning and refresher training.

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

- People were given the support they required to maintain a healthy diet. People we spoke with said they enjoyed the food and were offered choice. One person said, "It's very good food, like what you would get at a restaurant."
- Some people had specialist requirements such as a gluten free diet, or for food to be of a certain texture due to swallowing difficulties. All dietary needs and requirements were respected and catered for.
- We saw a variety of fresh food was being prepared by the chef, and choices were always offered to people.

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

- People told us they received the health care support they needed. One person said, "I have been ill recently, I've seen the doctor, the staff keep eye on me."
- We saw that people had access to a wide variety of healthcare professionals including physiotherapists, speech and language therapists, nurses and doctors. The service employed a physiotherapist to work with people and improve their mobility, working towards becoming more independent and mobile.
- People's care plans included detailed information on their health and social care needs, and staff had good knowledge on each person's background and medical requirements.

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

- The service had several communal areas as well as gardens for people to use. Communal areas were clean and well maintained, and people had access to them whenever they wanted.
- Some people had bedrooms, and others had small apartments which suited their needs, and promoted their independence. People's rooms and apartments were personalised to each person's taste.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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's capacity to make choices and decisions about their care and support had been assessed.
- People's care plans included guidance for staff to support people to make choices and decisions. They included when these should be referred through best interest processes.
- Staff were aware where people had DoLS in place and these were applied for appropriately for the duration of their stay.
- We saw staff sought consent before providing care and support, consulted with people and respected their right to decline care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well cared for and respected at all times. One person said, "The staff here are all very nice and respectful. You couldn't hope for more really. Obviously I'd rather be at home, but they make it comfortable here." Another person told us, "I have lived here for several years, the staff always do their best."
- During our inspection we observed both staff and management interact with people in a kind and caring manner, giving people the time they required to communicate and express themselves without rushing.
- Staff took pride in the care and support they provided. All the staff we spoke with had a good knowledge of the people they spoke with and understood their preferences.

Supporting people to express their views and be involved in making decisions about their care

- People, and their families when required, were involved in making decisions about their care and involved in their care planning. One person said, "They [staff] talk to me all the time, they ask me what I want and help me out. I feel involved and my [family member] gets involved as well, they always update them."
- Staff supported people to make choices and respected their decisions. Staff were able to explain how they involved people in their own care, including the use of communication tools for people who were not able to verbally communicate.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected by all staff. One person said, "The staff always knock, and are always considerate."
- The staff supported people to gain independence and do what they could for themselves. The service was setup for some people who needed support to regain their independence and mobility, before moving out in to their own homes. The staff were fully supportive of this journey for those people and supported them to achieve independence.
- People's confidential information was kept secure by staff. Staff had locked cabinets and offices where they could keep information safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care and support was personalised for each individual, and people's needs and preferences were understood. We saw that one person was being supported to visit family abroad for the first time. Due to the person's mobility and equipment required for their support, they were not able to travel by air, so staff arranged to drive them. The service worked hard to enable this journey for the person, considering complex travel and accommodation requirements, to ensure they could visit their family members as they requested.
- People were provided with one to one support hours to enable them to take part in activities of their choosing. For example, people were able to go out in to the community with staff support and go shopping, bowling, to the café or pub, or attend clubs such as slimming world. Some group activities were also provided such as music and exercise.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the need to provide information to people in an accessible format. We saw some pictorial information provided, as well as other communication devices such as word boards to aid people's communication and understanding.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which they followed. There had not been any recent complaints made, but the policy outlined how all complaints would be recorded along with the outcome of the investigation and action taken.

End of life care and support

- There was no end of life care being delivered at the time of inspection, however, staff were trained in this area, and people were supported to make advanced decisions about their end of life arrangements and preferences, including support with financial affairs and last will and testament when required.

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 Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was 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

- The registered manager did not always notify the CQC of certain incidents as required. Notifications are information the provider is required to send us by law. For example, any abuse, or allegation of abuse in relation to a person, is information the CQC should be notified of. We found that safeguarding alerts had been made to the local authority after certain incidents within the home, however, the CQC were not notified as required.

This was a breach of Regulation 18 – Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009.

- Policy and procedure were not always robust or clear. The provider had a recruitment policy in place, but it did not outline how safe recruitment procedures should take place, for example, the procedures around DBS and risk assessing staff members to ensure they were of suitable character to be employed at the service. The registered manager said they would be improving and updating their policy immediately.
- Quality checks and audits were in place across different areas of the service to ensure people were safe and quality remained high, however, these checks needed improvement to ensure the environment was always safe. We found that a fire escape was blocked, a fire door was propped open with a fire extinguisher, and wardrobes were not safely secured. These issues had not been picked up in any audits or environmental checks.
- Other audits we saw were sufficient and ensured that people's rooms and communal areas remained clean and tidy.
- Staff we spoke with were clear about their roles and understood their responsibility.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew the registered manager by name, and felt the service was open, honest, and well run. We observed people communicate with management staff and appeared happy and comfortable to do so. There was a good rapport between management, staff and the people using the service. The registered manager had good knowledge of the people within the home, and clearly had a passion to promote independence and good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning were shared with staff to reduce the likelihood of recurrence.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the heart of the service, and were involved as much as they were able to be. One person said, "It's a good place, the staff listen and involve me in what goes on." We saw that when people were not able to directly feedback or be involved in the running of the service, their relatives or representatives were involved on their behalf. The service had good relationships with people's family and friends.
- Surveys were sent out to enable people and relatives to feedback on the overall quality of care being delivered. Results were analysed, and improvements were made as required.

Working in partnership with others

- The staff utilised the local community and encouraged people to be a part of their wider community. This included regular communication with a range of health and social care professionals to ensure people received the care they needed and wanted.