Regal Care Trading Ltd

Linden Manor

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Linden Manor is a care home providing accommodation and personal care to up to 28 older people and people with dementia. At the time of inspection there were 24 people living at the service.

People's experience of using this service and what we found
There were insufficient systems in place to assess, monitor and improve the service. The governance and oversight in place had not identified the concerns found at this inspection.

Risks to people were not always identified or managed safely. At the time of our inspection, Linden Manor staff were administering insulin to people with type 2 diabetes as a delegated healthcare intervention. One person did not receive the care they required when their blood glucose levels were outside the safe range for a prolonged period. [Social care employees may be asked to carry out healthcare interventions, sometimes called delegated healthcare activity, that are delegated by a regulated healthcare professional. These are specific clinical interventions to support people's care, independence and experience of care.]

Medicines were not managed safely; people did not always receive their medicines as prescribed and medicines records were not fully completed.

People's care plans and risk assessments did not always reflect people's current needs. People's care records did not reflect they had been provided with all the care they required. For example, where people required regular support to reposition to prevent skin damage.

People told us staff were not always deployed in sufficient numbers, but staff worked hard to meet their needs.

Some environmental safety needed to be addressed to ensure that the environment people lived in was safe. People were not always protected from the risks associated with infection because the service did not consistently implement processes to reduce the risk of infection and cross contamination.

Staff knew people well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible to all staff.

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 felt supported within their roles and felt confident to discuss any concerns they may have with the management team.

There was a positive and inclusive culture at management level, feedback was sought from people, relatives and staff to identify where improvements were needed.

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

Rating at last inspection and update
The last rating for this service was requires improvement (Published 29 June 2021). The service remains requires improvement. The service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected
We received concerns in relation to staffing levels, safeguarding and environmental safety. As a result, we undertook a focused inspection to review the key questions of safe 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.

The overall rating for the service has not changed following this focussed inspection and remains requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment and governance and leadership at this inspection and the provider has been issued with a warning notice.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Linden Manor

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 2 inspectors 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.

Service and service type
Linden Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.
At the time of our inspection there were 2 registered managers in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since becoming registered. We sought feedback from the local authority who work with the service. We reviewed information we had received about the service. We sought feedback from the local authority 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
Some people found it difficult to communicate with us about their experiences of support due to their complex support needs. 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 spoke with 6 people and 7 relatives of people who used the service about their experience of the care provided. We spoke with 10 members of staff including the 2 registered managers, care assistants, kitchen staff, housekeeping staff and maintenance staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 our last inspection we rated this key question as requires improvement. At this inspection the rating has remained 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

- Risks to people were not always identified or managed safely.
- The provider failed to identify or manage risks posed by people's health conditions. At the time of our inspection, Linden Manor staff were administering insulin to 3 people with type 2 diabetes as a delegated healthcare intervention. We reviewed the care plans and risk assessments for 1 of the people receiving this healthcare intervention. We saw that known risks in relation to the person's diabetes were not identified by risk assessments, and care plans did not inform staff how to mitigate these risks.
- Staff did not seek medical advice when 1 person experienced prolonged periods of high blood glucose which placed them at increased risk of serious medical conditions. These concerns were discussed with the registered manager during the inspection, and they immediately arranged to transfer the administration of insulin to the community nursing team. However, these risks to a person's health and welfare had not been identified prior to the inspection.
- Environmental risks such as water safety had not consistently been monitored or managed to mitigate risk. Water temperature records from July 2022, identified a tap in 1 person's bedroom was discharging water above the identified safe temperature. No action had been taken to rectify this and people continued to be at risk of scalding.

Using medicines safely;

- Controlled drugs were not managed safely. (A controlled drug is a prescription medicine that is subject to strict legal controls.) We found people had not always received their controlled drugs as prescribed and stock management of controlled drugs was ineffective. There was a risk people were left in severe pain due to not receiving the medicines they were prescribed.
- When people were prescribed medicine on an 'as required' basis (PRN), protocols were not always in place to inform staff when these medicines could be administered. There was a risk people would not receive their medicines as prescribed.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. There was unhygienic and unsafe use of hoist slings as people who required the use of a hoist to move were not allocated their own hoist sling to use. This posed a risk of cross contamination.

We found no evidence that people had been harmed however, risks to the health and safety of people using the service were not effectively managed, action was not taken to mitigate risks and medicines were not administered safely. This was a breach of regulation 12 (1) (Safe care and treatment) of The Health and

Social Care Act 2008 (Regulated Activities) Regulation 2014.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
● The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time.

Staffing and recruitment
● Staff were not always deployed in sufficient numbers.
● People told us they thought the home was sometimes short of staff, but staff worked hard to make sure their needs were met. One person said, "The staff are good, but sometimes they're very short, it's a shame, you don't see them so much, but you don't have to wait for things.' Another person told us, "Sometimes the staff are really pushed, but it's not their fault and we don't really have to wait."
● People's relatives told us they thought the home was short of staff at times, 3 people's relatives mentioned weekends as times when staffing levels may be lower. One person's relative said, "Staffing levels I see appear low."
● On occasion, due to sickness, the home had been staffed with only two staff overnight, rather than the planned three staff. The registered manager told us this was because staffing was allocated on the rotas above the numbers identified in the dependency tool. However, the tool did not take account of staffing requirements in an emergency.
● People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

Please see the well led section of this report for more information about our findings in relation to staffing levels.

Systems and processes to safeguard people from the risk of abuse
● Staff knew people well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible to all staff.
● Staff had received up to date safeguarding training and understood the procedures they needed to follow to make sure people were safe. Staff were able to explain the procedure they would follow to report safeguarding concerns if they were concerned a person was being abused.
● People and their relatives told us they were safe. One person said, "I feel safe, the staff know what they are doing." Another person's relative told us, "I believe they [person] is safe and well cared for."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong
● Lessons were learned. The management team reviewed incidents and used feedback from people and staff, to improve safety across the service. This learning was shared with staff to improve practice.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; 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 governance and oversight of the delegated healthcare task of administering insulin to people with insulin dependent diabetes was ineffective. There was no system in place to identify or escalate concerns when people's blood glucose levels were outside of their assessed safe range. People living with diabetes were placed at risk of ill health because there was no oversight of their care.
- Oversight of medicines was ineffective and medicines records were incomplete. Personalised medication sheets were in place. These contained information about how people liked to take their medicines, detailed what medicines people were prescribed and any possible side effects. However, we saw these were not reviewed as required as they contained out of date information about people's needs and the medicines they were prescribed. Information provided to staff was inconsistent and inaccurate.
- Medicines audits were undertaken monthly and audits of controlled drugs had been completed, however these did not identify the concerns found during the inspection.
- There was a lack of effective contingency planning and oversight of staffing deployment and rotas. We reviewed the rotas for January 2023, on several occasions it appeared there were insufficient staff on duty, these shortfalls were discussed with the registered managers and provider. Following the inspection, the provider submitted information to demonstrate identified staffing levels had been met. The provider and registered managers had not identified the rotas did not accurately record the staff on duty.
- There was a lack of oversight of the environment, fire safety and infection control. Actions identified in a fire safety risk assessment had not been completed.
- There was poor governance and a lack of ongoing monitoring of care documentation. People's care plans and risk assessments contained incomplete information about people's risks in relation to pressure ulcers and nutrition and hydration needs. There was a risk people would not receive appropriate care to meet these needs.
- Care records did not evidence that people had received all the support they required. For example, one person's repositioning records did not reflect they had been repositioned as often as required when they had a pressure ulcer. The pressure ulcer had healed at the time of inspection, but the provider had not identified that records showed staff were not following the care plan.
- Systems and processes had failed to identify the Duty of Candour had not consistently been applied.

During the inspection we identified a notifiable safety incident had occurred in December 2022, this had been reported to the Care Quality Commission as required but the Duty of Candour had not been followed. The provider had not engaged with the person or their family or representatives to explain what had happened and to apologise. Systems and processes had failed to identify the Duty of Candour had not been applied.

We found no evidence that people had been harmed however, the oversight and governance of the service was not effectively managed. This placed people at risk of harm. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives said communication from the registered manager was good, they were accessible and listened to people. One person said, "I know who [the registered manager] is, I see her every day and know where her office is." Another person's relative said, [registered manager's] door is always open, she walks around [the home] all the time and talks to [family member] every day."
- Regular meetings for people and relatives had not consistently been held, but one had recently taken place at the time of inspection, minutes were available and future meetings were planned. People and their relatives spoke positively about the meeting they had attended.
- Regular meetings took place for staff. Minutes were available for these meetings.
- The provider carried out an annual survey, results were analysed, and an action plan created to drive improvements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of people using the service were not effectively managed, action was not taken to mitigate risks and medicines were not administered safely.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The oversight and governance of the service was not effectively managed.

The enforcement action we took:

Warning notice