

# Country Court Care Homes 2 Limited

## Link House

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Link House is a residential care home that was providing personal and nursing care to 40 people aged 65 and over at the time of our inspection. The care home can support up to a maximum of 52 people. The premises are purpose built and is divided into three separate units/floors, each of which has separate adapted facilities. Approximately half the people currently residing in the care home are living with dementia.

The service has also been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. This 13 bedded ground floor unit, now known as the Temporary Alternative Discharge Destination (TADD), has been designated solely for use by people discharged from hospital with a positive Covid-19 status. Two people were using the TADD unit at the time of our inspection.

### People's experience of using this service

People told us they were happy with the standard of care and support provided at this care home.

However, we received mixed comments from people about the higher than expected turnover of managers the service had experienced in the last 21 months.

We discussed this management issue with the provider at the time of our inspection who acknowledged Link House had experienced difficulties retaining registered managers since they took over in April 2019. However, the provider is confident with a newly appointed manager starting soon in Mid-December 2020, this will ensure the service is more consistently managed moving forward. Progress made by the provider to achieve this aim will be closely monitored by the Care Quality Commission (CQC).

People were cared for and supported by staff who knew how to manage risk and keep them safe. The premises were kept hygienically clean and staff followed relevant current best practice guidelines regarding the prevention and control of infection. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.

The provider ensured staff had the right levels of training and support they needed to deliver effective care to people living at Link House. 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 lived in a suitably adapted care home that met their needs. The care home had recently been totally refurbished and decorated to a good standard. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and access relevant community health care professionals as and when required.

People were treated equally and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People typically described the staff as "caring" and "kind". People were encouraged and supported to maintain their independent living skills. People were encouraged to make informed choices about the care and support they received.

People's electronic care plans were person centred, which helped staff provide them with personalised care and support. Staff ensured they communicated and shared information with people in a way people could easily understand. People were encouraged to make decisions about the care and support they received and had their choices respected. People were supported to participate in activities that reflected their social interests and to maintain relationships with family and friends to avoid social isolation. People's concerns and complaints were listened to and investigated by the provider. When people were nearing the end of their life, they received compassionate and supportive care.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last overall rating for this service was good (published 4 September 2018). Since that rating was awarded the registered provider of the service has changed. This was the first overall rating under the new provider since its reregistration in April 2019. The overall rating for the service remains good.

This newly registered service has been inspected once before in October 2020 but was not rated because we undertook a targeted thematic inspection that looked specifically at their infection prevention and control measures. We were assured at the time the service met good infection prevention and control guidelines.

#### Why we inspected

The inspection was prompted in part due to concerns received about the high turnover rate of managers running this service since it reregistered with us. A decision was made for us to inspect and examine those risks.

#### Follow up

We will continue to monitor the service and information we receive about them. 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

#### Inspection team

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of adult social care service.

#### Service and service type

Link House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

The service did not have a manager registered with the CQC, although a new manager has been appointed and is due to start Mid-December 2020. The new manager needs to apply to be registered with us as soon as possible to ensure someone is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This two-day inspection was unannounced on the first day.

#### 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.

We reviewed all the key information providers are required to send us about their service, including statutory notifications.

During the inspection

We spoke in-person with four people who lived at the care home and various managers and staff who worked there, including two area managers (one of whom was the service's temporary acting manager), the provider's national head of infection prevention and control, an area maintenance manager, two nurses, seven health care workers, an activities coordinator, the head chef, two domestic cleaners and a housekeeper.

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 also looked at a range of records, including four people's electronic care plans, three staff files in relation to their recruitment, training and supervision records, and multiple medicines administration sheets.

After the inspection

We received telephone or email feedback from 12 people who were able to share their experiences with us of using or working with this service. This included nine relatives and three community health or social care professionals.

# 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 only the infection and control part of this key question was inspected and therefore it was not rated.

This is the service's first comprehensive inspection since reregistering with us and we have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems and procedures in place to keep people safe.
- People told us they felt safe living at the care home. One person remarked, "I do feel safe here. The staff make sure we're looked after properly." A relative also said, "My [family member] is absolutely, one hundred percent safe at the home...I know I can sleep easy at night knowing she's there and has 24-hour care."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. The provider had clear safeguarding and staff whistle blowing policies and procedures in place and staff had received up to date safeguarding adults training. Staff knew how to recognise abuse and respond to it. A member of staff said, "If I saw anyone being abused here, which I haven't by the way, I would tell the person in charge straight away." A relative also told us, "We did raise a concern about my [family member] possibly being abused at the home. The manager was very professional in the way she dealt with the allegation, including how it was investigated and the firm action they took to stop it happening again."
- Managers had notified all the relevant authorities without delay when they suspected people using the service had been abused or neglected. At the time of our inspection no safeguarding incidents were under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk management plans were in place to help staff prevent or appropriately manage risks people might face. Electronic care plans included personalised risk assessments that identified those risks, which might include falling, choking whilst eating and drinking, developing pressure sores and displaying behaviours considered challenging. A relative told us, "My [family member] it at risk of toppling over from time to time, so we were pleased to see his care plan was changed. Staff now know they have to make sure they support him when he stands or starts to walk around the home."
- Staff demonstrated a good understanding of these identified risks and how to prevent or manage them. For example, staff gave us examples of the signs they needed to look out for which might indicate a person was becoming distressed and the action they should take to safely manage the situation.
- There was clear guidance for staff to follow to help them deal with emergencies. For example, we saw people had their own personal evacuation plan in place which ensured staff knew exactly how to support people in the event of a fire or other emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills at the care home, including at night.

## Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with Covid-19. This helped minimise the risk of people catching or spreading infections.
- Access to the home had been restricted for non-essential visitors for most of this year due to the pandemic but was now open to visitors providing they followed the services strict IPC guidelines. All visitors were expected to pre-arrange their visit and on arrival have their temperature taken, wash their hands and wear appropriate personal protective equipment (PPE). In addition, visitors were now required to meet their family member or friend in a new designated visitors' room which had a clear perplex screen to safely separate people from their guests. This was confirmed by a relative who told us, "Last time I visited my [family member] I was only allowed to see her through a transparent perplex screen they've set up in a visitors room. It's great I can be in the same room as my [family member] again, but at a safe and secure distance. Well done Link House."
- We observed staff using PPE correctly and in accordance with current guidance. Staff had received up to date internal and external training in relation to Covid-19, IPC and the wearing of PPE. The service had adequate supplies of PPE. A relative told us, "Whenever I've visited recently, I can see the managers are very hot on making sure staff wear their PPE properly."
- The premises was kept hygienically clean. Housekeeping staff demonstrated a good understanding of their IPC role and responsibilities. Additional cleaning schedules had been introduced, including the routine cleaning of high touch points, such as door handles, hand rails and light switches.
- The care home was engaged in the 'whole home' testing programme, which meant everyone living and working at Link House was routinely tested for Covid-19.

## Using medicines safely

- Medicines systems were well-organised, and people told us they received their prescribed medicines as and when they should. A relative commented, "From talking to my [family member] he tells us staff always make sure he gets all his medicines on time."
- Staff authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. For example, at this inspection we found no gaps or omissions on any of the medicines records we looked at.
- Staff authorised to handle medicines received on-going management of medicines training and had their competency to continue doing so safely, routinely assessed by managers and nursing staff.
- Care plans included detailed information about people's prescribed medicines and how they needed and preferred them to be administered. This included a risk assessment in relation to an individual's willingness and ability to safely manage their prescribed medicines.
- Various audits were routinely carried out on staffs' medicines handling practices. This included regular medicines checks conducted internally by managers and nursing staff, and an annual external audit undertaken by a community pharmacist. The results of the services most recent medicines audit conducted in October 2020 by a local pharmacist stated medicines continued to be managed safely at the care home.

## Staffing and recruitment

- The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.
- Staff were visibly present throughout the care home during our inspection. We observed staff respond quickly to people's requests for assistance. A relative said, "There always seems to be plenty of staff and nurses around whenever I visit. My [family member] tells us staff regularly check on her at night to make sure she's alright and come as quickly as they can when she presses her buzzer."
- Managers confirmed they had enough nurses and care staff to ensure the new TADD unit was adequately



staffed, including at weekends, and did not currently use any temporary agency staff anywhere in the care home. They also told us TADD staff were only permitted to work in this particular unit and that no other staff could enter.

- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
- Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

#### Learning lessons when things go 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.

# 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.

This is the service's first comprehensive inspection since reregistering with us and we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the right mix of skills, knowledge and experience to deliver effective care and support.
- Staff had opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the managers and senior staff team.
- However, although staff had regular individual and/or group supervision meetings with their managers; we found contrary to the provider's staff support policy, most staff who had worked at the care home for over a year had not had their work performance appraised in the last 12 months.
- We discussed this issue with the area managers at the time of our inspection who acknowledged this failure and agreed to work closely with the new manager to address it. By the second day of our inspection we saw managers had already begun the process of ensuring all longstanding members of staff had their work performance in the last 12 months appraised. Managers were confident this staff support issue would be fully resolved by the end of 2020. Progress made by the service to achieve this stated aim will be closely monitored by the CQC.
- It was mandatory for all new staff to complete a comprehensive 12-week long induction programme, which was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. One member of staff told us, "The training we receive is excellent. I've attended lots of online courses this year and the managers are very hot at making sure we keep up to date with all the skills we need to do a good job."
- Staff demonstrated good awareness of their working roles and responsibilities. Staff confirmed in the last six months they had completed up to date training in dementia awareness, IPC, Covid-19, and positive behavioural support to help them prevent and manage behaviours considered challenging.

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

- People lived in a suitably adapted care home that had been decorated to a good standard which met their needs.
- Since our last inspection the service had been totally refurbished. For example, all the communal areas had been repainted or new wallpaper hung, and refurbished with new tables and chairs, curtains and lighting. People told us the care home had always been a "comfortable" place to live, but many remarked how much better the environment now looked after the recent refurbishment. One person said, "I think the place looks beautiful with all this new furniture and wallpaper everywhere. It's like living in a posh hotel, which suits me just fine." A relative also told us, "The place looks wonderful now the refurbishment work is almost complete. They've done a marvellous job."
- We saw the premises were kept free of obstacles and hazards which enabled people to move freely

around the care home.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and 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 received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- Staff were also aware of people's individual support needs and preferences. Staff told us people's care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet an individual's needs and wishes. One member of staff told us, "It's very clear from their care plan how we must support one person who lives here whose behaviour can be challenging, what action we need to take to keep them and everyone else who lives here safe."

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 wishes.
- People told us they were happy with the quality and choice of the meals they were offered at Link House. One person said, "The cook always asks me what I want to eat and it's usually very good indeed." A relative also remarked, "The food presented to my [family member] always looks and smells delicious and can be quite varied. I think the food has improved since the new provider took over and my [family member] often speaks highly of the meals she's offered."
- Staff demonstrated a good understanding of people's dietary needs and preferences. We observed catering staff had prepared a range of soft and fortified (high calorie) meals for people with specific nutritional needs.

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. This was confirmed by relatives and community professionals we spoke with. A relative said, "My [family member] arrived at the care home with pressure sores. The staff here were straight on it and have managed the wound really well since", while a community health care professional remarked, "I find that when I make a plan with the Link House care staff during my rounds, they act on the medical instructions given to them."
- People's care plans detailed their health care needs and conditions, and how staff should manage them.
- Staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community health care professionals, including their local GP. A community health care professional told us, "They [staff] have been providing an excellent level of care to some very poorly patients in a complex situation and this should be commended, including in the TADD unit."

# 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

This is the service's first comprehensive inspection since reregistering with us and we have rated this key question good. This meant people continued to be 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 were treated equally and had their human rights and diversity respected.
- People told us staff were always respectful, kind and caring. One person commented, "The staff are so nice here", while a relative said, "Staff are like family to us... They're all very caring. It's the respectful way they [staff] talk to the residents."
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by kindest and warmth.
- Staff had received equality and diversity training and were knowledgeable about people's diverse cultural and spiritual needs. For example, catering staff were aware who did not eat pork products and ate Halal (adheres to Islamic law) meat on religious grounds.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and upheld their rights to privacy. A relative remarked, "Staff politely invite me to leave the room whenever they are getting my [family member] dressed." We observed staff close bedroom doors when they were about to support people with their personal care. We also saw staff assisting people who were bed-bound to eat and drink in a dignified manner. Staff achieved this by sitting down next to the person they were supporting, so they could be in the person's line of sight and easily enquire if they were enjoying their meal.
- People were supported to be as independent as they could and wanted to be. Staff gave us numerous examples of how they supported people who were willing and able to, to maintain their independent living skills, including encouraging people to make their own toast and/or bed in the morning. We observed a member of staff actively support a person to set some dining room tables for lunch. A relative told us, "It's good staff keep on encouraging my [family member] to continue doing what she can."
- Care plans we looked at reflected this enabling approach and clearly set out people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

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

- People were encouraged to make informed choices about the care and support they received. A relative said, "They [staff] do respect the choices my [family member] makes. For instance, they will ask if she wants to join in a social activity, and if she says no, staff respect her decision."

- People were consulted and agreed to the contents of their care plan. This was confirmed by a relative who said, "Staff involved us all the way when my [family member] first arrived here and we were invited to help set up her care plan."
- Since our last inspection a 'Resident of the day' programme has been introduced, which gives people the opportunity at least once a month to tell staff what they think about the standard of the care and support they receive at Link House, including the meals and social activities they are offered. A relative told us, "My [family member] loves being 'Resident of the day' because it means she can choose to have her favourite meal for lunch and have her room thoroughly cleaned."

# Is the service responsive?

## Our findings

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

This is the service's first comprehensive inspection since reregistering with us and we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support according to their individual assessed needs and preferences. Relatives told us staff knew how to meet their family member's needs and wishes. For example, one relative said, "The staff have got to know my [family member] really well and know what she needs and likes." A second relative remarked, "Staff are doing things we used to do for my [family member] at home, such as taking their time to help her choose the clothes she would like to wear each day, which is fantastic."
- People's electronic care plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal and health care needs. We also saw these plans included information about people's life histories. A relative said, "The activities coordinator asked me recently to write down all the music, films and social interests my [family member] likes, which tells me they treat people as individuals who've had a life before coming here."
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help staff develop and review care plans. People's care plans were routinely reviewed and updated.

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

- People were supported to participate in activities that reflected their social interests and to maintain relationships with family and friends to avoid social isolation.
- The service employed an activity coordinator who was responsible for organising various social and leisure activities and events for people living in the care home. The service had also recently started using OOMPH (an external activities company who provide training and support to staff working in adult social care to help them deliver meaningful activities for people living with dementia).
- Throughout our inspection we observed the activities coordinator and care staff initiate a variety of social activities for people in the main communal areas, which included a game of bingo and a quiz. Relatives said they were impressed with the work of the relatively new activity coordinator. One relative remarked, "I can see the enormous effort the activities coordinator has put into to arranging various art and music sessions at the care home, which I can see in videos she shares with relatives via our online group app." A second relative said, "My [family member] never used to engage in any social activities here, but now she joins in all the bingo, painting, singing and dancing sessions."
- The service took appropriate action to protect people from social isolation. For example, we saw several instances of staff, including a housekeeper, spend one-to-one time socialising with people who were either bed-bound or who chose to stay in their room.
- People were supported to maintain positive relationships with people that were important to them. The care home was now open to visitor's providing they followed correct IPC guidelines and staff continued to

support people to use video and telephone calls to remain in contact with family and friends who were unable to visit the service in-person.

### 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.

- People's communication needs and preferences had been assessed and were clearly recorded in their care plan.
- Managers and staff understood and worked within the principles of the AIS. Useful information people might like to know about the care home, such as meal choices on the menus and the social activity timetable for example, were presented in various formats to meet people's specific communication needs. For instance, this included easy to read large print and pictorial versions.
- People's communication needs were clearly identified in their care plan.
- Staff understood the AIS and communicated well with people. A relative told us, "They [staff] are fully aware my [family member] has problems seeing and hearing and are very good at patiently explaining things clearly to her so she's able to understand what they mean."

### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and investigated by the provider, who used their findings (where appropriate) to improve the quality of care people received.
- The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. A relative said, "They [manager's] don't make you feel like you're a nuisance if you have to raise any issues with them and they always come back to you as quickly as they can once they looked into your complaint."
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- People told us they had been satisfied with the way the service had handled their complaint or concern. Managers told us how they had used the outcome of a complaint to improve the meals choices people were offered. This meant the weekly menus now better reflected the culturally and ethnically diverse dietary needs and tastes of everyone who lived at the care home.

### End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- The provider had an end of life policy and procedure in place and people's care plans had a section where they could record their end of life care and support needs and wishes.
- It was clear from comments we received from staff they had honoured the last wishes of people who had recently passed away at the care home. Staff had completed up to date end of life care training.
- Managers told us they regularly liaised with GPs and other health care professionals, including palliative care nurses, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.



# 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.

This is the service's first comprehensive inspection since reregistering with us and we have rated this key question requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a manager registered with us. Furthermore, the service has experienced unexpectedly high rates of manager turnover since reregistering with us in April 2019. In the last 21 months Link House has had three different registered managers and a number of temporary acting managers in day-to-day charge of the care home.
- We also received mixed feedback from relatives, community health and social professionals and staff about the way Link House was managed. People told us they were "frustrated" at the constantly changing management arrangements at the care home. Typical comments included, "The main concern for me about the care home is the constantly changing managers, which must be very unsettling for the residents and staff", "There have been multiple care home managers in recent years at Link House and I do have concerns that this lack of continuity and leadership has impacted on staffs competency" and "It is frustrating having so many different managers lately. Let's hope the new manager stays and gives us the stability we need."
- We discussed this management issue with the area managers who both acknowledged the difficulties the service had experienced retaining permanent managers since the new provider took over. However, they were both confident the highly experienced new manager, who starts in mid-December 2020, would provide the care home with some much-needed stability moving forward. Progress made by the provider to achieve this aim will be closely monitored by the CQC.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level. For example, they regularly checked staff were handling medicines safely, following risk management plans correctly and were wearing their PPE properly. During our inspection an area manager and the providers head of IPC arrived unannounced to carry out their monthly audits of the care home. Area managers also told us they continued to routinely undertake unannounced night-time spot checks to observe staffs working practices at this time.
- Audits were routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.

- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.
- Managers also understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.
- People had a range of opportunities to express their views about the standard of care provided at the care home. This included monthly one-to-one meetings with their designated keyworker for resident of the day, regular online individual and group meetings between relatives and staff, and bi-annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were satisfied with the standard of care and support provided at Link House. Relatives told us the service was good at keeping them updated about any changes to their family members health and wellbeing. A relative said, "In my view the home has improved since the new provider took over. I'm particularly impressed with improvements made to the way they communicate with us. The regular newsletter is so much more informative than before." A second relative also remarked, "They [staff] keep me informed if there are any changes to my [family member's] health, day or night, which I do appreciate."
- 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. A member of staff told us, "I think we work well as a team here. It doesn't seem to matter who is in-charge, they [managers] still encourage us to have our say about how the home is run."

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies, including the Local Authority, Clinical Commissioning Groups (CCGs), GPs, palliative care nurses, community mental health care professionals and social workers. A community health care professional told us, "I would definitely say that there is a good working relationship between our GP surgery and Link House care home and this has been built up over the many years we have provided care to their residents."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.