

Liaise (South) Limited

Linnet House

Inspection report

168 Kempshott Lane
Basingstoke
RG22 5LA

Tel: 01256352720
Website: liaise.co.uk

Date of inspection visit:
19 April 2023

Date of publication:
18 May 2023

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
|---------------------------------|--------|

| | |
|----------------------|--------|
| Is the service safe? | Good ● |
|----------------------|--------|

| | |
|---------------------------|--------|
| Is the service effective? | Good ● |
|---------------------------|--------|

| | |
|------------------------|--------|
| Is the service caring? | Good ● |
|------------------------|--------|

| | |
|----------------------------|--------|
| Is the service responsive? | Good ● |
|----------------------------|--------|

| | |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

Summary of findings

Overall summary

About the service

Linnet House is a residential care home providing personal care to up to 5 people. The service provides support to people with a learning disability or autism. At the time of our inspection there were 5 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence. There was a clear focus on independence and people were encouraged to achieve goals that supported this. People's health needs were met and staff worked in collaboration with professionals to support this. Individual risks to people and from the environment were assessed and responded to. People were supported to decorate their personal spaces how they wanted.

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.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. People received person-centred care that met their needs and interests. They were supported to access activities of their choice and the local community. Staff were kind and caring. People's dignity was promoted. Systems were in place to ensure people and relatives could provide feedback on the care they received.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The management team were visible in the service and had oversight of the care provided. The governance systems and process ensured the service stayed up to date with best practice and drove improvement. A person-centred culture was encouraged and supported. Staff worked well with each other and people using the service. The management team were committed to developing the quality of the service.

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

This service was registered with us on 2 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Linnet House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed 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

Linnet House 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. Linnet House is a care home without nursing care. 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 was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because the service is small and people are often out and we

wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 April 2023 and ended on 4 May 2023. We visited the service on 19 April 2023 and spoke with relatives by telephone on 20 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spent some time with all 5 people who lived at the home. We also spoke with 2 relatives about the experience of the care provided over the telephone.

We spoke with 6 staff which included support staff, positive support coordinator and the registered manager.

We reviewed and sampled a range of documents and records including the care and medicine records for 4 people, and 3 staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to ensure people were appropriately protected from the risks of coming to avoidable harm or suffering abuse.
- The provider had robust policies and procedures in place. The provider ensured all incidents and accidents were recorded, monitored and evaluated.
- Staff had received training in adult safeguarding and information was provided on how to raise concerns, including externally. Staff were confident in how to keep people safe and had identified and responded appropriately to any potential safeguarding concerns. This included reporting to the correct external authorities.

Assessing risk, safety monitoring and management

- People had individual and detailed risk assessments in place. Assessment of risks included risks associated with health conditions, behaviour management and activities people participated in. Where risks were identified, there were clear actions for staff to follow to reduce and mitigate these.
- The provider had taken action to assess and reduce the risks associated with people's living environment. An independent fire risk assessment had been carried out and recommended actions arising from the risk assessment had been completed or were in progress. The provider carried out regular fire safety checks and evacuation tests.
- There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment. There were regular checks on appliances and equipment and regular checks on safety items such as window restrictors.
- The provider had a business continuity plan. This provided detailed actions that would be taken in different scenarios, for example loss of power supply, and how people would be supported to remain safe.
- During our inspection we noted that the laundry door was unlocked and folded up paper had been put in the lock, there was no window restrictor on the window and chemicals which could cause harm were easily accessible. This was raised to the registered manager who immediately dealt with this. The lock on the door was broken but this had not been reported to the registered manager, the maintenance team was on-site at the time and by the end of inspection this was fixed and made safe.

Staffing and recruitment

- Recruitment checks were not always fully completed as some staff did not have the appropriate checks before being employed in the service. For example, evidence of conduct in all relevant previous employment and gaps in employment dates was not always explored.
- The provider supplied further information and assurances after inspection that the processes and

recruitment checks had been rectified. They sent us an updated policy that detailed the pre-employment checks that they now have in place and in line with regulation 19 schedule 3.

- Checks were made on their suitability through Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff. When additional cover was required, due to staff absence members of the management team stepped in to cover.
- People were supported by a staff team which included regular consistent agency staff. Relatives feedback included, "the carers are charming, [relative] likes them very much" and "my [relative] has a key worker who is really sweet with them, [staff] sent us a video of them on the train, [relative] looked happy and smiling".

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Medicine records were completed accurately.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured people's medicines were reviewed in line with these principles. Staff had received training in medicine administration and competency checks in this area were carried out.
- People had individualised care plans detailing their needs, preferences and staff approaches required when administering medicines. Mental capacity assessments were completed around people's ability to manage their own medication or needing staff support.
- Where people's medicines were prescribed on an 'as required' basis such as pain relief, medicine care plans included person specific details on signs and symptoms to be observed.
- During our inspection we found that an inhaler was being stored incorrectly and there was a discrepancy in a person's medicine stock balance. The registered manager immediately took action to resolve this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting. People were supported with staff to access the community and receive visits from relatives and friends at the service.

Learning lessons when things go wrong

- The provider's incident monitoring system was used to review, investigate and address any incidents. An analysis of events was completed as required and any learning was shared across the staff team.
- Data on incidents was used to identify any trends to improve safety. There had been very few incidents within the service.

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 first inspection for this newly registered service. This key question has been rated good. 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; Staff working with other agencies to provide consistent, effective, timely care

- Nationally recognised assessment and support tools were used and followed, such as positive behaviour support plans. The home employed a positive support coordinator who ensured people were supported with an embedded positive behaviour support approach.
- The home worked with health and social care professionals, seeking support when needed and following their advice and recommendations. People's needs were assessed and reviewed regularly.
- Relatives told us that staff were very good in supporting people's transition to the service. One relative told us, "Linnet have been fantastic, we were very anxious about the transition but they did a really good job, the carers were brilliant, they took [relative] over to Linnet sometimes 5 minutes at a time, they were busy exchanging information".

Staff support: induction, training, skills and experience

- Staff received a range of training in areas such as learning disability awareness, autism, person centred care, privacy and dignity, and equality and diversity. Learning was provided both electronically and some face to face. Training was supported by regular quizzes and competency checks.
- New staff received an induction and told us they felt confident and competent in their roles with the training provided. Staff told us they felt well supported by the registered manager and received regular supervisions.
- Agency staff were included in completing the providers training as well as competency checks and regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were provided a choice on meals which primarily were cooked by the staff. Engaging people with cooking formed part of their daily living skills and activities in line with their needs and preferences.
- We observed people being encouraged to make their own breakfast, staff were observed to be offering prompts and assistance to promote independence.
- Relatives were positive about the meals provided. Feedback included "My [relative] had been overweight but now they are gradually losing weight and they've got him on a good nutritious diet". and "My [relative] likes cooking, so [staff] involve them, [relative] has dietary quirks, and [staff] always make sure there's something they like to eat".
- People were supported to stay healthy. Their health needs were assessed, and people were supported to access healthcare services.

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

- People's bedrooms were individually decorated and personalised to their needs and interests. One person had a blackboard painted on their wall to support their interest. However, the person would draw over all his wall space, the registered manager told us they allowed and supported this as it was the person's own space.
- The management team were supportive of ensuring people had control over their living spaces. A relative told us, "We were able to paint [relatives] room the same colours from bedroom at home, to make them feel at home".
- There was good use of visual aids, PECS and symbols around the home to promote people's communication and independence.
- There were some areas of the home that had visible signs of wear and tear to the décor. This was discussed with the registered manager who was aware and had plans to address this.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were aware of the MCA and its requirements. People were supported with decision making. MCA assessments and best interest decisions were made when people lacked capacity to make decisions.
- Where decisions were complex, staff had involved appropriate professionals and sought advice and support.
- DoLS had been identified and applied for appropriately. A system was in place to provide management oversight.

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 first inspection for this newly registered service. This key question has been rated good. 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 were supported by kind and caring staff. There was a relaxed atmosphere and we observed people and staff had positive interactions, both verbal and non-verbal, through sitting with people and doing activities they enjoyed. There was a person-centred culture, people and staff were treated with respect and as individuals.
- Staff knew people they supported well and were observed as competent and attentive to the needs of the people they support. People appeared happy and relaxed in the company of staff. Staff had received training in equality and diversity.
- Staff promoted a person-centred culture throughout the home. Staff spoke fondly of people and commented, "They [people] for me make this job worthwhile, when I go home after shift I still think about them".

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

- Care records included detailed guidance for staff to follow when supporting people. Staff understood how people expressed their choices and facilitated this daily during interactions with people.
- People and their family where appropriate, were involved in the planning and review of their care. Relatives feedback included "I have no concerns regarding my [relatives] care plan, I am very pleased with them", "there are no problems, [staff] keep good records and they keep me informed" and "Yes [relative] has a good plan, we know [relative] the best, we got the funding 1-1 in the home and 2-1 in the community".
- Staff recorded details of interactions with people. This information was reviewed and care plans updated if required. This ensured the most effective support guidelines were available to staff.

Respecting and promoting people's privacy, dignity and independence

- There was a clear emphasis on promoting people's independence and dignity. Relatives told us their family members were carrying out more tasks independently and this was well supported. One relative said, "My [relative] often didn't want to do anything, but [staff] are encouraging now, [relative] is doing more now, more activities".
- People received care and support from staff who respected their privacy, dignity, and independence. Staff had received training in promoting privacy and dignity.
- People were supported to identify their goals. Staff understood people's individual goals and provided opportunities to develop people's independence to achieve these.
- People's freedoms were respected and they had opportunities for privacy by choosing to spend time in their room alone. Where people's needs meant they required one to one support we saw staff support this by sitting outside of bedrooms in close proximity but offering space.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their social and emotional needs. For example, they included a description of possible behavioural triggers, consideration of the environment, actions to support de-escalation and individual levels of risk posed.
- People received personalised support which met their individual needs and preferences. Care plans included details of people's preferences, sensory needs and interests. Where people had specific health needs, information on how staff should offer support was clear and consistent.
- People were supported by staff who understood how they preferred to be cared for. People were supported by a consistent team of staff who knew them well. Staff had the time to spend with people to get to know them and develop caring and supportive relationships.
- People had opportunities to engage in a range of activities to meet their interests. Records showed people were regularly supported to engage in activities such as crafty fingers groups, cycling activities, swimming session and social groups.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred ways of communicating were known and staff understood key signs that people used, and which supported their communication. Care records contained information on how to best communicate with people to promote their wellbeing.
- Pictures were used to enhance people's engagement and understanding. Information boards in the home contained photographs of activities and events.

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 engage in range of interests that were tailored to their needs and interests. Regular activities within and outside of the service were in place for people.
- Relatives told us, "They take [relative] swimming, they go to woods for a walk". and "[Relative] goes swimming, we go on train rides, walks, Mc Donald's, all the stuff [relative] likes".

- People were supported to maintain relationships that were important to them. Their families were involved in their lives and saw them regularly.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This included an accessible easy read format for people using appropriate symbols. There had been no complaints received at Linnet House.
- Staff told us they knew how, and to who, to raise any concerns they had.

End of life care and support

- At the time of the inspection the service was not providing end of life care and support.
- People and relatives were supported to discuss end of life wishes and preferences when it was appropriate to do so, there was evidence of advanced care planning in place for people.

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 first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to ensuring a high standard of person-centred care. People were involved in all aspects of their care planning and delivery wherever possible. Staff understood the vision of the home and supported people to identify and achieve their goals.
- People appeared happy living at the home. Relatives told us "The registered manager and the positive support coordinator, she's the psychologist, she's very good and yes I'm delighted with them".
- Members of staff shared positive feedback about the registered manager. One staff member told us, "It's really supportive here, I don't need to go to the managers, they come to me. They will always check in and say are you ok?".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the quality of the service.
- The registered manager and staff knew people very well. They delivered good quality support consistently and knew the support people needed without having to refer to documentation.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The registered manager and staff understood their responsibilities under the duty of candour. They were open with people when incidents happened, gave honest information and applied the duty of candour where appropriate.

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

- The registered manager and staff asked for people's feedback as they worked with individuals. They gave people choices in ways they could understand and knew how people expressed their wishes.
- Systems were in place to seek people, relatives, and professionals' views on the service via quality assurance questionnaires.
- There were regular meetings with staff and the meeting minutes showed staff were provided with an opportunity to discuss the service and people's support needs. Staff told us they felt the management team were approachable and supportive.

- The registered manager and staff had a clear vision for the service and a desire for people to achieve the best outcomes possible. They were committed to the continuous improvement of the service to ensure people received the best care and lived full and fulfilling lives.
- Notifications to CQC had been submitted when necessary.

Working in partnership with others

- The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.
- The registered manager worked with people's family members and professionals involved in supporting people to develop effective transition plans for when people moved into the service.