

# Community Integrated Care Linda Grove

## Inspection report

17a Linda Grove  
Cowplain  
Waterlooville  
Hampshire  
PO8 8UX

Tel: 02392262356  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

Date of inspection visit:  
16 October 2018

Date of publication:  
13 November 2018

## 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

This inspection took place on 16 October 2018 and was unannounced.

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

Linda Grove accommodates up to four people with a learning disability in one adapted building. At the time of our inspection, four people were living at Linda Grove. The care service had been developed and designed in line with the values that underpin the Registering the Right Support, CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were safeguarded from avoidable harm. Staff knew about the risks of abuse and avoidable harm and there were suitable processes in place should they need to report concerns. The provider had procedures in place to identify, assess, manage and reduce risks to people's health and wellbeing which were tailored to their individual needs.

There were sufficient staff on duty to keep people safe and meet their needs. Safe recruitment procedures were in place.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff were supported by regular supervision and an annual appraisal and staff had appropriate training to ensure they had the knowledge and skills to carry out their roles effectively.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regard to any health needs.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People lived in an environment that met their needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff respected people's individual differences and supported them with any religious or cultural needs. People's privacy and dignity was respected and their independence was promoted.

People received personalised care that meet their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People were encouraged and supported to engage in meaningful activities according to their individual preferences.

A complaints process ensured any concerns raised were listened to and investigated. Feedback was sought about the service and this was used to drive improvement.

Staff felt supported by most members of the management team but feedback about the registered manager was mixed.

A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service improved to Good.

Improvements had been made to people's care records and care plans were up to date and detailed.

Staff were positive about most members of the management team but not all staff felt supported by the registered manager. The regional manager had plans to explore this feedback.

There were quality auditing and management systems in place to ensure continual improvement and development.

# Linda Grove

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2018 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four members of staff and the regional manager. People using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We reviewed two people's care records. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures, complaints, accidents and incidents and quality assurance documents. We also looked at recruitment, training and supervision records for three members of staff.

# Is the service safe?

## Our findings

Staff told us that people were safe living at Linda Grove. One staff member told us, "Yes, it's definitely safe here" and another told us, "Yes, it's safe. It's an amazing team here and they go above and beyond for people".

The provider supported staff to protect people against avoidable harm and potential abuse. The provider had policies and procedures in place for safeguarding and whistle blowing. Staff had regular refresher training in the safeguarding of adults and were aware of the different types of abuse, and the signs which might indicate abuse was occurring. Staff told us they were confident any concerns they raised would be investigated and handled properly. One member of staff told us, "Any concerns would be taken seriously by any member of the management team".

The provider identified and assessed risks to people's safety and wellbeing. Detailed risk assessments had been completed. The assessments undertaken contained guidance for staff to manage the risks to people safely. For example, risks identified in relation to behaviour that challenged, eating and drinking safely, and risks associated with people's specific health conditions were all completed fully and easily accessible for staff to review when required.

Risks to people's wellbeing were monitored and reviewed to help keep people safe. Staff were aware of people's individual risks and we observed during the inspection that these risks were safely managed. For example, staff had identified that a person who displayed behaviour that challenged when the environment became noisy due to there being more people than usual around. Staff responded well to this and ensured the person was able to have their own space when the handover of staff happened which ensured the person remained calm.

The provider investigated accidents and incidents in the home. These were recorded on an events tracker. An analysis of these took place and trends and patterns were identified.

Regular health and safety checks were carried out to help keep the building safe. These included checks of fire safety, the electrical installation, gas safety and water temperatures. There were also procedures in place to help ensure people would be kept safe in an emergency situation and continue to receive the care they needed.

Medicines were managed safely. People had their medicines stored securely within their own rooms. Documentation regarding the ordering, storing and disposal of medicines was all completed satisfactorily and weekly medicines audits were undertaken to identify and act upon any anomalies. Medicines administration records (MARs) demonstrated that people had their medicines as prescribed. Some people had been prescribed medicines on an "as required" (PRN) basis. In these instances, there were protocols in place which provided information for staff on how often these medicines could be given. Staff had documented the reasons why PRN medicines were administered, which meant that any trends could be easily identified.

We observed a staff member administering a person's medicine. This was mostly done in line with the providers policy, however the staff member signed the MAR before the person had received their medicine. MARS should be signed after a person has taken their medicines and if they have not taken it an appropriate code should be recorded. We discussed this with the member of staff and they told us they would have gone back and adjusted the MAR if necessary. We also discussed our concern with the regional manager and they told us they would address this to ensure it would not happen again. Staff received medicines training and were assessed to ensure they were competent to administer medicines.

There were sufficient staff to meet people's needs and keep them safe. There was a stable core staff team and bank staff who were employed to cover vacant hours. On occasion, the provider used regular agency staff. The agency staff had usually worked at the service before which helped to ensure that they knew people well. During the inspection we observed staff providing support at different times, this was done in a timely and unhurried manner.

The provider had safe recruitment processes in place. We viewed staff files and noted that all of the required checks had been completed including a disclosure and barring service check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

The provider had safe arrangements in place to reduce the possibility of infection in the home. The home was visibly clean and cleaning records demonstrated regular and thorough cleaning of the home took place. Staff told us they were provided with personal protective equipment, for example; gloves and aprons to help maintain infection control and we saw these being used appropriately during the inspection.

## Is the service effective?

### Our findings

People received care and support from staff who knew them well and who had the training and skills to meet their needs.

Staff told us they received regular supervisions and had an annual appraisal and records confirmed this. Supervision and appraisals are formal processes which provide opportunities for the management team to check performance and ensure staff are being appropriately supported to develop their skills and knowledge. Staff were able to have a more informal discussion with their line manager at any time and told us this process was useful and was a good opportunity to "Keep on track".

Staff told us they had enough training to carry out their roles effectively. One member of staff told us, "The training is very good". We viewed the training matrix and saw that staff had received training in infection control, safeguarding, mental capacity awareness and moving and handling. Staff also completed additional courses in relation to people's specific needs. This included learning about learning disabilities, autism, and supporting people who displayed challenging behaviour.

Although staff felt there was enough training, one member of staff told us that they had "Felt out of their depth" regarding one person they were supporting due to the behaviours they presented. They described an incident that had knocked their confidence. They told us the situation was still ongoing but understood that the management team were working to make improvements for the person. The regional manager told us that support had been arranged with regards to the management of this person's behaviours and additional training had been sought in response to it.

We asked staff about the induction they received at Linda Grove. One member of staff who had worked at Linda Grove for about a year told us, "My induction wasn't great, there were a lot of issues at the time". They went on to tell us they did not feel supported during their induction. The regional manager told us that due to feedback about the induction process the organisation had worked hard to make improvements. They showed us the new systems that were in place to make the induction better for new staff. The new induction was thorough, assigned a buddy to the new member of staff and gave opportunity to reflect on the experience. A newer staff member told us they felt well supported during their induction and said it was, "Very good". The regional manager confirmed any staff who were new to care, were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Records demonstrated that people were supported to make their own decisions. For example, on one person's care plan it stated, 'It's better to present visual information to aid understanding'. People were encouraged to choose how they spent their day and records showed that people took part in a variety of activities. Some people had advocates who provided them with independent support with making choices and decisions if they needed it.



Where people were unable to make decisions about their care, staff acted in line with the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 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. All staff had a good understanding of how to apply the principles of the Mental Capacity Act (MCA). Best interest decisions had been made for people to keep them safe and there were good examples of the correct use of these assessments.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had fully completed DoLS applications and there was a process in place to ensure that applications were renewed when required.

People were supported to maintain a balanced, healthy diet. Staff told us there was enough food for people and described it as, "Very good" and "Lovely". People were supported to contribute to meal preparation and cooking if they could do so. One person planned their weekly menu with support from staff by choosing from a range of pictures of food. Detailed information was recorded in care plans about how best to support people with eating and drinking and we observed that this information was followed by staff. We observed people were supported in a sensitive manner to eat and drink.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of other health care professionals such as a nurse specialist, dentist and optician.

The service was mostly well maintained and decorated. There was a lounge, dining room and kitchen for people to use as and when they wished. These were decorated neutrally and did not contain items of interest or stimulation for people. Staff members explained this was because some people who lived at Linda Grove did not like many items in these areas and it caused them to become agitated. Each person's bedroom was personalised as they wished. There were resources and sensory stimulation for the people who wanted them in their own bedrooms and we observed people enjoying these at their own leisure. The bathroom was in need of decoration and a senior staff member told us this work was planned once funds had been secured. We observed people freely moving around the home independently and easily locating their bedroom and the communal areas.

## Is the service caring?

### Our findings

During our inspection, we observed that staff treated people with kindness, respect and compassion. Staff told us they cared about the people living at Linda Grove and were passionate about improving their lives. One staff member told us, "The best thing about working here are the people we support, it's such an achievement when you know you've made a difference".

Staff knew people well and had developed warm, positive relationships. We observed caring, encouraging interactions from staff throughout the inspection. For example, we heard one member of staff telling other people in the service about a person's achievements, they 'high fived' the person and the person was clearly delighted by this. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were also aware of how best to support people when they were upset or anxious and this was provided in a gentle and kind way.

Staff were respectful of the people using the service and gave good examples of how they ensured people's privacy and dignity was protected whilst assisting them with personal care tasks. They told us they ensured practical measures were taken to achieve this, such as closing bathroom and bedroom doors, drawing curtains and covering people when assisting with personal care. A relative had provided written feedback to the service which stated, '(Name) is treated with dignity and respect'.

People were supported with their cultural and religious needs. One person practised a particular faith and staff supported them to attend a place of worship and watch services online. They had also purchased items in relation to their faith such as clothing.

Staff told us they encouraged people to be as independent as possible by giving people choices and respecting their decisions. Staff were keen to share people's accomplishments with us. For example, one person had shown an interest in a leisure activity and by assisting the person step by step, the person was able to realise their dream.

Staff spoke fondly about people. For example, one member of staff told us, "I love these guys" and another told us "The best thing about working here are the people, I absolutely love them. I took (Name) on holiday. It was the best experience ever". Staff were also complimentary about each other. One staff member told us, "It's great working with people who genuinely care".

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person had a communication passport which detailed their communication needs. Some policies were in an easy read format and pictorial information was provided for people to aid their understanding.

People received care and support which reflected their diverse needs. For example, peoples' sexual, cultural

and religious preferences were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against, one staff member told us, "All the people are treated fairly". The provider had an equality and diversity policy in place and staff had received training on this.

People were supported to maintain family contacts. Information was recorded in people's care plans which detailed the support people needed with family visits and maintaining relationships.

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected.

## Is the service responsive?

### Our findings

People received a personalised service that met their needs. Staff had a good knowledge of people's needs and the support given to them was tailored around this.

An assessment of people's needs was carried out prior to them using the service to ensure their needs could be met. Support plans were developed from these and were person centred. They included detailed information required for staff to provide care and support according to people's needs and preferences. For example; they contained information relating to people's emotional wellbeing, their specific health needs, their interests and hobbies and what support they required. Staff told us the care plans were informative and detailed. One member of staff told us, "They (care plans) are brilliant, they have all the information I need. For me they are spot on".

Staff told us that, "It was the little things that mattered to people". We saw individual preferences were recorded on people's care plans. For example, for one person it was recorded they preferred a lot of water and bubble bath in their bath and another person preferred their crusts cut off their toast. A member of staff explained that this information helped to make people happy.

The support that people required was regularly reviewed. People had a learning log in their care plans and this contained information about the support that worked well or what could have gone better. This information was then shared at the end of month of review and people's support was adapted accordingly. For example, we saw that a person had enjoyed partaking in a household chore and this was added into their care plan so staff knew they should incorporate this in the person's daily activity. People and their relatives were able to be involved in the development and review of people's care plans and the regional manager told us that one relative had written a part of a person's care plan.

People were supported to lead happy and fulfilled lives in the least restrictive way. Care plans included information about what people enjoyed doing on a daily and weekly basis and activities were arranged around people's individual preferences. The activities undertaken included, going swimming, horse riding, shopping and disabled cycling. People enjoyed accessing the community and meeting new people and were supported to attend friendship groups and a day centre. Staff also told us about activities they arranged in the home. One member of staff told us, "We always have a Sunday roast together and a take away on a Friday, just like any family". Another member of staff told us about a panto they were organising for Christmas and their plans for Halloween, they went on to say, "It's great fun here, we try and do as much as possible for them (people) as we know they get a lot out of it".

The service had a complaints policy in place. This was also available in an easy read format to ensure that people were able to raise their concerns or make a formal complaint if required. We viewed the complaints file and records demonstrated that no formal complaints had been made. We saw that one concern had been raised and the registered manager had dealt with this in a timely manner and had put measures in place to resolve the concern.

The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. The regional manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

## Is the service well-led?

### Our findings

Throughout our inspection we saw a person-centred culture and a commitment to providing high quality care and support for people. One relative had responded on a survey with, 'From day one (Name) has had excellent care and I can't speak more highly enough of Linda Grove'.

At the last inspection in March 2016 we found that care plans had not been regularly reviewed. We made a recommendation that the provider reviewed and updated all care plans for the people that lived at Linda Grove. At this inspection we found the provider had a system in place to monitor and regularly review care plans. We found care plans were detailed, up to date and reflective of people's current needs.

There were procedures in place to monitor the overall quality of the service provided. Regular audits had been completed. Audits included reviewing medicines, nutrition, hydration, infection control, monitoring the environment and health and safety. Any issues identified in the audits were included in the home's improvement plan, which was reviewed and updated regularly. Records demonstrated that improvements were made when actions needed had been identified. For example, the completion of monitoring charts had improved and individual changes had been made for people who lived in the home.

The service had clear lines of responsibility and accountability with a structured management team in place. Audits carried out by the registered manager were checked by the regional manager and quality assurance team. Electronic systems held information about the service and the regional manager told us this made it easy for them and the provider to have a clear overview of the service. They told us they used this information to know what to focus on during their visits. Additionally, if they saw that extra support was needed, they provided this.

The regional manager and staff told us the home had, "Been on a journey". The regional manager told us that the home wasn't performing as well as it should have been a few months ago but now it had vastly improved. Staff confirmed this and told us there had been management and staff changes which had impacted on service delivery.

Staff described the adjustment that the home had gone through when a new person began to live there. Staff had mixed views about the support they received from their managers when this happened. Staff told us this had been difficult and sometimes they did not know the best way to support the person. The regional manager told us they were aware of this and had been involved in supporting the person and service. We saw a meeting had been called to discuss the situation and the registered manager had also organised for a member of the HR team to attend a future meeting to support staff and boost morale.

Staff told us they were well supported by the senior support worker who they described as "Amazing", "Hands on" and "Brilliant". Staff were also positive about the regional manager and told us they were, "Approachable", "Involved" and "Encouraging". However, staff had mixed views about the registered manager. Three members of staff told us that they did not always find them approachable or supportive and that they could be "Very negative", they went on to say that they had not felt supported by them when there

had been changes to the people who lived in the home. Other staff, however told us, "He has been brilliant, I'm really pleased he's stuck around, I can call him whenever I need to" and another member of staff described a time when they were supported by them with a personal issue. We did not discuss the negative feedback with the registered manager because they were absent on the day of inspection. When we discussed our concerns with the regional manager they told us they were surprised by the negative feedback. They felt the registered manager had been instrumental in improving the quality of the home. They went on to say that no member of staff had approached them regarding the negative view of the registered manager but would address this with the team to ensure the team felt well supported.

The organisation had recently employed a new chief executive. The regional manager told us that they, "Were a real driver for positive change" and could see the positive impact this was having on the people who used the services and for staff. Staff incentives had been put in place to help staff feel valued.

A quarterly magazine was distributed amongst people, relatives and staff to help them keep up to date with any changes in the organisation. The magazine also gave people an opportunity to tell others about their experiences and how they have grown and developed with support.

Feedback was sought from people and their relatives using surveys and care reviews. Records demonstrated that feedback was acted on to improve the quality of care people received. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings. Regular meetings were held for staff. Staff told us the meetings were useful. One member of staff told us, "The meetings are much better than they used to be, they are more positive now".

The provider worked with other agencies. This included the local authority who funded people's care. The regional manager told us that they were currently working on making more links with the community.

We found notifications were submitted to the Care Quality Commission as required by law and the previous CQC rating was prominently displayed in the home and the providers website.