

Community Integrated Care Linda Grove

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Linda Grove is a residential care home providing accommodation and personal care to people with a learning disability. The service can support four people and at the time of the inspection three people were living in the service although one person was temporarily away.

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:

- The model of care and setting did not fully maximise people's choice, control and independence. For example, people lived in an environment where safety issues had been identified and was not homely. The environment did not meet people's sensory needs. People were supported to personalise their bedrooms and had privacy for themselves and their visitors. The service was located so people could participate in the local community.

Right care:

- Care was not fully person-centred. For example, while staff knew people well and were caring in their approach, people were not always supported in line with preferences which were outlined in their care plans. People were supported by staff who treated them with kindness and respect.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff did not fully ensure people using services lead confident, inclusive and empowered lives. It was not clear how people had been empowered to have as much choice and control over their care as possible. A lack of management presence meant leaders were not always available to monitor the day to day culture. Despite this, staff remained positive and felt well supported. They were motivated to do the best they could for people.

The service was not always safe. Risks associated with people's support needs and health conditions had not been effectively managed. The premises and equipment were not always secure, properly maintained or suitable. The provider had not ensured measures were in place to prevent and control the spread of infection. This increased the risk of harm to people. The manager told us of their plans to make improvements to ensure safety.

There were enough staff to support people safely and staff were recruited safely. Staff had a good understanding of safeguarding people from abuse and were confident the manager would act appropriately if necessary.

The home was not always well-led. Leadership arrangements did not ensure the safety and quality of the service. Governance systems to monitor the quality of care being delivered to people were not effective and did not always drive the necessary improvement. People did not always receive person-centred care.

Staff felt valued and enjoyed working at Linda Grove. They were kind and cared about the people they supported.

The manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support. The senior leadership team additionally demonstrated they took our concerns seriously and acted promptly to support the manager to make the necessary improvement. Further progress was still needed to fully embed and sustain these improvements.

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

Rating at last inspection

The last rating for this service was good (published 13 November 2018).

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

Why we inspected

The inspection was prompted in part due to concerns received about the environment, infection control practices and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, premises, person-centred care and governance.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Linda Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 carried out by two inspectors.

Service and service type

Linda Grove is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, the registered manager had not spent time in the service recently because there was another manager in post who was planning to register with CQC, and they would then cancel their registration. The manager was in the service on both days of our site visit and the registered manager was present on the second day.

Notice of inspection

This inspection was unannounced.

What we did before 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 reviewed notifications the provider had sent us. Notifications are sent when a significant event has happened in the service. We used all of this information to plan our inspection.

During the inspection

We carried out observations of people's experiences throughout the inspection. We spoke with one relative about their experience of the care provided. We spoke with seven members of staff including the manager, the registered manager, the regional manager and four support workers. We received emailed feedback from two professionals who were involved with the service.

We reviewed a range of records. This included two people's care records and two medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The management of risks associated with people's conditions and support needs was not always safe. Some people were at increased risk of choking, malnutrition, skin breakdown and falls but there was a lack of risk assessments in place to guide staff on how to effectively monitor or mitigate these risks for people. This increased the risk of harm to people.
- Where people lived with a health condition, there was not an associated care plan or risk assessment in place which provided effective guidance for staff on how to support them. One staff member told us they would like to have more information about people's health conditions to ensure they were supporting them safely and in the best way. The lack of information meant people may be at risk of not being supported appropriately with their health conditions.
- One person had been provided with monitoring equipment to keep them safe. However, this was not being used by staff in the service. This meant there was an increased risk that this person may come to harm. Following the inspection, this was put back in place.
- The provider had not identified which people were in the clinically extremely vulnerable group and at risk of developing serious health complications if they contracted COVID-19, and no risk assessments were in place.
- One person was prescribed a paraffin-based cream to alleviate a skin condition. This cream was flammable, but risks associated with this had not been assessed and no mitigation plans had been put in place. This increased the risk of harm to people.
- We saw no labels had been attached to several food items to show when they were opened and when they needed to be disposed of by. This meant people were at risk of consuming foods that had potentially not been disposed of within the correct timescales, which could lead to illness.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite a lack of recorded risk assessments associated with people's health needs, staff mostly demonstrated a good knowledge about people's individual risks and support needs. They also contacted health professionals for advice if they felt it was needed. For example, staff had recognised that one person had lost weight and had contacted the GP for support.

- The regional manager and manager made some improvements regarding the management of risk at the time of our inspection and told us they would implement further measures to ensure people were safely supported with risk management.
- Environmental risks were not always safely managed.
- The home was not well maintained which presented health and safety concerns. For example, the heating system only worked intermittently, the patio was uneven, and the fronts of drawers had come off in the kitchen. A relative described the building as "falling apart" and a staff member said, "It's [premises] falling to pieces". The provider had not always undertaken effective risk assessments regarding these issues. We discussed these concerns with the manager who told us the provider was working with the landlord to ensure the safety of the premises. We saw that some work was being done at the time of our inspection and other work was planned for. However, this had not been undertaken in a timely way which left people living in a home that was not suitable.
- Equipment had not always been maintained or serviced appropriately. For example, a hoist's service was out of date and some items had not had a portable appliance test in line with guidance to ensure their safety. After the first day of our site visit the manager arranged for this to be rectified.
- Not all aspects of the home were secure. For example, on the first day of our site visit, some cupboards used to store chemicals and a person's prescribed medicine were not locked and some windows and doors were not secure. On the second day the manager had ensured items were stored safely and had arranged for windows and doors to be secured.

The failure to ensure the premises was properly maintained and secure was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager told us about the planned work in the home to ensure it was safe and suitable for people. They additionally sent us some environmental risk assessments following the inspection.
- Risks associated with fire and Legionella disease were safely managed. Some equipment checks were in place to ensure their safe use.

Preventing and controlling infection

- The inspection was in part, triggered by concerns about the hygiene and infection control practices in the home.
- We were not assured personal protective equipment (PPE) was used effectively to safeguard people. Donning and doffing of PPE was not undertaken in line with guidance and not all staff had received this training.
- We were not assured there was adequate testing for staff and people using the service. Records regarding COVID-19 testing did not evidence that staff or people completed testing in line with current government guidance. A relative and health professional additionally told us they were not asked for proof of their negative lateral flow device (LFD) COVID-19 tests upon arrival to the service and when we visited, there was a delay in us being asked for this.
- We were not assured that hygiene practices promoted safety. Premises were not hygienic due to the poor state of repair. Some areas of the home were not clean such as a person's bedroom and items such as a commode, chairs and table were dirty. Cleaning schedules did not detail how often cleaning should be undertaken.
- We were not assured the infection control policy was implemented effectively to prevent and control infection. Although the provider told us their policy linked to a 'Coronavirus Hub' which provided guidance about the safe management of COVID-19, we identified that this was not always followed. Infection control audits were in place, but these either did not identify the concerns we found or if they did, prompt the necessary improvement.

- We were somewhat assured the service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19. From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. Records demonstrated there were gaps in visiting professionals being asked for this evidence and the manager confirmed this had not always been undertaken.

The failure to effectively assess, mitigate and take action to prevent and control the spread of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager acted on some of the concerns we raised, and improvement was noted on our second site visit. For example, measures had been put in place to ensure visiting was safe and the donning and doffing of PPE was in line with guidance.
- Following the inspection, the regional manager told us they had taken the lead in this area and had begun work to ensure infection control was managed safely.
- The provider was facilitating visits for people living in the home. However, a relative told us this was not in line with current guidance. We discussed this with the registered manager who explained the visiting policy was in line with guidance but felt the confusion was due to historical measures that had been implemented. They told us they would ensure updates were clear for everyone.
- We were assured people were admitted safely to the service.

Staffing and recruitment

- Prior to our inspection, we received concerns about the high use of agency staff who did not know people as well as staff employed by the provider. We discussed this with the manager who told us the use of agency staff had greatly reduced in the previous month. This was mainly due to supporting less people in the service. They also told us the same agency staff had been used which meant people received support from consistent staff.
- Staff we spoke to echoed this. They told us since there had been less people in the home, there had been enough staff to safely support people. However, they were concerned whether there would be enough staff when more people needed support. The manager told us they would ensure people received the appropriate level of staff support by carrying out robust assessments and working with commissioners to ensure the correct amount of support hours were provided for. The provider also had an ongoing recruitment campaign in place.
- At the time of our inspection, the service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- A training programme was in place which supported staff to receive training the provider considered necessary for them to undertake their role. With the exception of one staff member, staff told us they had received enough training. We reviewed the training matrix and found not all staff had completed training that the provider considered mandatory. The regional manager told us this had already been identified by them and was being followed up. We additionally noted that staff had not received training regarding people's individual health conditions and when we discussed this with the registered manager, they told us the provider had agreed to look into this need. Following the inspection, members of the senior management team confirmed this would take place.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.

Using medicines safely

- Medicines were mostly managed safely although improvement was required with the management of topical creams and 'as required' (PRN) medicines.
- Some people had been prescribed PRN medicines. These medicines need PRN protocols to explain their

use and how much to give, or when to use the medicine. One person did not have a PRN protocol in place which was available to staff. This meant there was an increased risk they may not receive their medicines in the most effective way. The manager had written the protocol but had not ensured it was accessible. They corrected this during our inspection. Other PRN protocols were in place.

- One person was prescribed a cream to manage their skin condition. We found a lack of instruction for staff, and records demonstrated it was not applied as prescribed. The manager told us they would ensure accurate records were in place to ensure the person's cream was applied as directed.
- There was information to guide staff on how each person liked to receive their medicines. Medication administration records (MARs) and a medicines stock check demonstrated people received their tablets as prescribed.
- Staff had received online training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.
- People's medicines were stored safely in their rooms. People could take their medicines in private when appropriate.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- The manager and staff told us that no accidents, incidents or safeguarding concerns had occurred in the last year. However, following the second day of our site visit a social worker told us they had identified a safeguarding concern. As outlined in the 'Assessing risk, safety monitoring and management' section of the report, a person had been provided with monitoring equipment to keep them safe, but this was not being used by staff. Following the inspection, the provider told us they were working with the safeguarding team to establish what had happened and ensure the person's safety.
- Most staff had undertaken training in safeguarding procedures. Staff demonstrated awareness of safeguarding and whistle-blowing procedures and were able to describe how to safeguard vulnerable people. They were additionally confident the manager would act appropriately if concerns were raised.
- The provider continued to have monitoring systems in place to review accidents and incidents. However, we were not able to assess the effectiveness of these due to no accidents or incidents occurring.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Leadership arrangements did not ensure the safety and quality of the service. The provider had failed to ensure there was adequate oversight of the service. Quality assurance systems and processes did not identify, or address issues found at inspection. We found multiple breaches of regulation.
- The manager was present at Linda Grove approximately one to two days a week. This was because they managed two other services of the provider and spent time there. The day to day management of the service had not been delegated to anyone else which meant for the majority of time the home was without sufficient or consistent leadership. Staff had sometimes acted themselves to make changes in the service or for people. It was clear they did this with the best of intentions but on occasion had not done so in line with the provider policies. The registered manager told us, "Quite often the staff will do things without our knowledge. We'll come in and see new things and think where has that come from?"
- A professional told us they did not think the home was well-led. They stated, "I feel that C.I.C (Community Integrated Care) has set [manager] up in a position to fail by being offered a manager's position in a home with serious unaddressed issues long before her arrival that I believe should have been dealt with more appropriately and efficiently by higher C.I.C management." A relative provided positive feedback about the manager but told us they had concerns about the provider and how they ran the service.
- Since our last inspection there had been a decline in the quality and compliance of the service. This had also been identified in audits carried out by the provider. For example, a health and safety audit carried out in August 2021 had a rating result of 'significantly below standard' as did a quality audit carried out in November 2021.
- The provider had a variety of audit systems in place to assess the quality and safety of the service. However, these were not always completed consistently or effectively. For example, infection control audits had not identified the concerns with donning and doffing of PPE or COVID-19 testing.
- Where audits had identified issues, this did not always drive the necessary improvement. For example, audits had identified concerns with PAT testing, the premises and recording of health conditions but these concerns were still found during our inspection.
- Systems in place had not ensured records were always complete in relation to people's risks or support needs.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate

risks and maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day of our inspection, the nominated individual told us they would investigate the identified concerns at Linda Grove and put measures in place to improve the quality and safety of the service. The manager had also addressed some of the concerns we identified, and improvement was noted on the second day of our site visit.
- Following our inspection, members of the senior leadership team told us of their plans to increase oversight and support for the manager. They also said the manager would be in the home more frequently going forwards.
- Staff told us the manager did their best to support them and made themselves available on the phone if needed.
- The provider submitted notifications to CQC in line with legislation and their rating was prominently displayed.

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

- The culture of the service did not fully reflect the principles and values of our Right support, Right care, Right culture guidance. People did not live in a suitable or homely environment. A relative described the home as being like an institution. There was a lack of evidence to demonstrate how people had been empowered to have as much control over their lives as possible.
- Systems did not evidence how people were supported to express and review how they wanted their care to be provided or how the home was run. People were not involved in developing their care plans; however, their individual needs and circumstances were taken into account when they were developed by staff. Guidance for staff to support people to have a good day and a good week had been included and this reflected people's needs and preferences. However, this guidance was not always followed. For example, in January 2022, one person had rarely undertaken the activities that had been outlined by staff for them to have a good day or week.
- We additionally noted that care plans did not include people's goals or longer-term aspirations. We discussed this with the registered manager who told us they felt staff needed further training to recognise this and this was planned for.
- Assessments had not been undertaken to determine how people's sensory needs could be met. This meant people could be at increased risk of not having their emotional needs met. Despite the lack of assessment, staff told us a sensory room would greatly benefit some people who lived at Linda Grove. Although this had been discussed for some months and some sensory items put in place by staff, it had not been fully implemented by the provider. A professional told us, "A sensory room would be of huge benefit, but funding, space and general wear and tear of the building make this a challenge to achieve."

The failure to provide people with person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us of their plans to improve personalised support for people. For example, one person preferred to be supported by a newly appointed staff member. They had already begun to enjoy day trips and further trips and activities had been planned for which were centred around the person's wishes. The regional manager told us the provider had recognised improvements were needed to ensure people's "views, comments and opinions are listened to, valued and respected." and was trialling a new project in response.
- The regional manager also told us of their plans to develop a sensory room and ensure people were supported in line with their sensory needs.

- Staff interacted with people in a kind, caring and respectful manner and people appeared relaxed in their company. People were supported to maintain relationships. People had been supported to personalise their rooms.
- Staff felt respected, supported and valued by the manager which supported a positive and improvement-driven culture. The manager and staff told us about areas they would like to make improvements in and were dedicated to improving the lives of the people they supported.
- Managers promoted equality and diversity in all aspects of the running of the service. Staff felt everyone was treated fairly and one staff member told us how changes had been made to support them to fulfil their job role. Staff were respectful of people's diverse needs.
- Staff enjoyed working in the service. One staff member told us, "I love it [working at Linda Grove]. The residents are so lovely. Staff all get on really well. [Manager] is brilliant. I really do love it here and wouldn't want to work anywhere else."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The regional manager told us a survey had been sent to people's relatives to gather their views on the care provided but they had not had any responses at the time of our inspection.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to but felt their views were not always acted on in relation to the environment. They told us they could voice their views during staff meetings, supervisions and any time in between. The provider had implemented a number of staff initiatives to support their well-being.
- Records demonstrated that staff contacted professionals to support people with their health and social needs when required.

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

- There had been no incidents that fit the remit of the Duty of Candour regulation, so we were unable to assess their compliance with this regulation. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a person, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The manager was not fully aware of their responsibilities regarding duty of candour and told us they would improve their knowledge in this area. They also told us they would gain support from their manager if required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The failure to ensure people received person-centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure risks were assessed, monitored and mitigated effectively. The failure to effectively assess, mitigate and take action to prevent and control the spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The failure to ensure the premises were secure, properly maintained and suitable for the purpose for which they were being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records.

