

# Country Court Care Homes 2 Limited

# Link House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Link House is a residential care home that can provide nursing and personal care for up to 52 people. At the time of our inspection 49 people were living at the care home. The building comprising of 3 separate floors, each of which has its own separate adapted facilities. The service provides support to older people, most of whom are living with dementia. Approximately half the people residing at the care home have nursing needs.

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

People living at the care home and staff working there all told us the service had improved in the last 12 months and was now well-led by the newly registered manager and the area manager. 1 person said, "I am very happy living here and I think the new managers have done a really good job improving things for everyone who lives and works here."

At our last inspection we found the provider had failed to always ensure people were not placed at risk of harm. This was because the care home was inconsistently led as they continued to experience high levels of management turnover and had been without a registered manager for well over a year. We also found staff did not always have access to clear enough guidance in relation to how to keep people safe from identified risks they might face and how their prescribed medicines were stored. Furthermore, staff did not always have the right level of training and support they needed to effectively perform their roles and responsibilities.

At this inspection we saw enough improvement had been made by the provider in relation to the way the care home was now led by suitably competent and skilled managers, how staff prevented and managed risks people might face, safely stored medicines, were trained and supported, and how they operated their established governance systems.

People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work there had been thoroughly assessed.

Staff had the right levels of training, support and experience to deliver effective care and support to people living in the care home. People had access to a wide variety of food and drink that met their dietary needs and wishes. People were helped to stay healthy and well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People lived in a suitably adapted

care home that had been decorated and furnished to a very high standard.

People living at the care home and staff working there were all complimentary about the way the relatively new managers ran the service, and how approachable they both were. The provider promoted an open and inclusive culture which sought the views of people living there, their relatives, community-based professionals and staff. The provider worked in close partnership with various community-based health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 April 2022) and there was a breach of regulation.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 14 April 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show us what they would do and by when to improve how staff prevented and managed risks people might face.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led, which contain those requirements and issues we discussed with the provider at their last inspection.

We also 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Based on the findings at this inspection we found improvements had been made and the provider was no longer in breach of regulation. The overall rating for the service has therefore changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Link House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Link House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Link House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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 there was now a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke in-person with 2 people living at the care home, a visiting friend, the newly registered manager, the area manager, the deputy manager, and 2 nurses, including the clinical lead nurse. We also received email feedback from a local authority pharmacist and a commissioner in relation to their views and experiences of working with this provider.

Records we looked at as part of this inspection included, 5 people's care plans, multiple staff files in relation to their recruitment, training and supervision and 10 medicines administration sheets. A variety of other documents relating to the overall management and governance of the agency were also read.

# 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 requires improvement. At this inspection this key question has changed to good. This meant people were now safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected against the risk of avoidable harm. This was because of the way the provider assessed and managed risks people might face. This represented a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw enough improvement had been made by the provider at this inspection in relation to the way the provider now assessed and managed identified risk. This meant they were no longer in breach of regulation 12.

- People's care plans now contained up to date, individualised risk assessments and management plans, which helped staff prevent or manage hazards people were at high risk of facing. These assessments and management plans covered every aspects of people's lives. They included actions staff needed to take to keep people safe who were at risk of falling, malnutrition and dehydration, developing pressure sores and behaving in a way that might be considered challenging.
- These assessments and management plans were regularly reviewed and updated as people's needs and risks they faced changed.
- Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or safely manage those risks. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or manage incidents of behaviours considered challenging.
- People told us staff knew how to prevent and manage risks they might face. 1 person said, "The staff know what they're doing and how to look after me and keep me safe."
- Regular checks were completed to help ensure the safety of the care homes physical environment and fire safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. A community professional told us, "The provider developed and implemented an action plan to address all the fire safety issues the London Fire Brigade identified following their last inspection of the care home, which they conducted after last April's (2022) fire at Link House."

### Using medicines safely

At our last inspection we found medicines were not always safely stored. We discussed this failure with the manager at the time of our last inspection. They responded during that inspection by immediately ensuring all clinical rooms and fridge where medicines were kept were kept securely locked when they were not in use.

At this inspection we found enough improvements continued to be made in relation to the way the provider

now stored people's prescribed medicines and supported nursing staff to manage these medicines safely.

- Medicines were stored in the care homes clinical rooms, medicines trollies, cupboard and fridges, which remained securely locked when they were not in use. The registered manager told us nursing staff were routinely reminded at individual and group meetings to keep medicines safely stored when they were not being handled.
- Medicines were audited by senior managers who regularly visited the care home and all the managers and senior nursing staff who worked at Link House. The registered manager told us a check on how medicines were stored had now been added to the walk about monitoring tour of the building, which managers conducted daily.
- Medicines records were kept up to date with no recording errors or omissions found.
- Care plans included detailed guidance for staff about people's prescribed medicines and how they needed and preferred them to be administered.
- People told us they received their prescribed medicines as and when they should. 1 person said, "The nurses are very good at making sure I take my medicines on time." A community pharmacist added, "I have no issues currently with regards to how staff at Link House manage medicines."

### Staffing and recruitment

At our last inspection we found the service had a number of staff vacancies and had often been under staffed. We discussed these workforce pressures with the manager at the time of our last inspection. They responded immediately after that inspection by telling us they planned to increase the number of staff who worked on each shift.

At this inspection we found enough improvements had been made in relation to the way the provider now calculated and coordinated the number of staff they needed to be working at the care home on each shift.

- We were now assured the provider's staffing levels were adequate and addressed the workforce pressures the care home had previously experienced.
- Staff duty rosters indicated the number of staff working across the day, including care workers, hospitality/front of house hosts, and activities coordinators, had all been increased during day shifts as agreed after the last inspection. In addition, the service had its full complement of staff and was no longer heavily reliant on temporary nursing or care staff who were not so familiar with the individual needs and preferences of people living in the care home.
- Staff were visibly present throughout our inspection and we saw there were enough staff on duty to meet people's needs and keep them safe. For example, we observed staff respond quickly to people's requests for assistance.
- People told us enough staff were always available in the care home to meet their needs. 1 person remarked, "Staff come when I call them. There definitely seems to be more staff around these days."
- The provider continued to perform robust pre-employment checks to ensure the suitability of staff for their role. These included identify checks, previous employment, their character, their right to work in the UK and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People said the care home was a safe place to live and that staff treated them well. 1 person told us, "Staff treat me well and I do feel safe living here."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically



witnessed at work.

- Staff received safeguarding adults training as part of their induction, and they knew how to recognise and respond to abuse they might encounter, including reporting it.
- The registered manager understood they had a responsibility to immediately refer safeguarding incidents to all the relevant external agencies and professionals, ensure they were fully investigated and take appropriate action to minimise the risk of similar incidents re-occurring.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, the relatively new management team following a thorough audit of the care home had developed and now implemented a time specific action plan that set out what steps they needed to take to improve how they managed risk, medicines, staffing levels, staff training and support, and their governance systems.

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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were always properly trained and supported to effectively carry out all their roles and responsibilities. We discussed this failure with the provider at the time of our last inspection.

At this inspection we found enough improvements had been made in respect of the way the provider now trained and supported their staff.

- People now received care from staff who had the right levels of training and support to deliver it safely and effectively.
- Staff training was refreshed at regular intervals or more frequently if staff required it. The provider's electronic training matrix identified the training staff had completed, which covered all the topics that were relevant to supporting people living in the care home. For example, existing staff had now received up to date refresher training in fire safety, food hygiene, infection control, safeguarding, moving and handling, safe management of medicines, basic life support, dignity in care, equality and diversity, positive support to manage behaviours considered challenging, end of life care and where appropriate, safe use of a syringe driver.
- In addition, all new staff continued to receive the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staffs knowledge and skills remained relevant. 1 member of staff said, "The training we receive is very good."
- Staff now had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their line manager and where appropriate their co-workers, and an annual appraisal of staffs' overall work performance.
- People described staff as competent and kind. 1 person remarked, "I think the staff are really well trained and know what they're doing. Staff would do anything for you and often bend over backwards for us."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was planned and delivered in line with their assessed needs and wishes.

- People's dependency needs were assessed before people were offered a place at the care home and these assessments were used to help develop people's care plans. People, their relatives and health and social care professionals were all invited to participate in the pre-admission assessment process.
- Electronic care plans detailed the personal and/or nursing care people needed and they were personalised.
- These care plans were routinely reviewed, which helped to ensure staff had the most up to date and relevant information to continue meeting people's care and support needs.
- Staff demonstrated good awareness of people's individual support needs and preferences.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff understood who lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's e-care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. 1 person said, "I do like the chef and the meals she makes. She's an excellent cook." A second person added, "The food is always good here. Always a choice."
- People's care plans included assessments of their dietary needs and preferences, including if people needed any staff assistance to help them eat and drink. For example, they included people's preferred food and drink likes and dislikes, and what their dietary needs were.
- Staff demonstrated a good understanding of people's dietary needs and preferences. We observed catering staff had prepared a range of soft and fortified (high calorie) meals to meet the needs of people with specific nutritional requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to

keep people fit and well.

- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of community health and social care professionals.
- Maintaining good working relationships with external healthcare services, including GPs, nurses, pharmacists, enabled the managers, nursing and care staff to support people to keep healthy and receive ongoing health care support.

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

- People lived in a suitably adapted care home that had been decorated and furnished to a good standard.
- People told us the service was a relaxed and comfortable place to live and were impressed with the interior design and layout of the care home.
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the services previous two inspections the provider had failed to ensure the care home was consistently managed. This was because since April 2019 the care home had been led by 7 different managers, none of whom had been in post for more than 12 months. This service had also not had a registered manager in post for well over a year. We discussed this ongoing management failure with the provider at the time of our last inspection.

At this inspection we found enough improvements had been made in respect of the way the care home was now managed.

- A suitably competent manager had been in day-to-day charge of the care home for the last 12 months and was registered by the CQC in July 2022. An equally competent area manager had also been overseeing the care home and working closely with the registered manager for the past year.
- People spoke positively about the way the service was now managed and the leadership approach of the newly registered manager, area manager, deputy manager and clinical lead nurse. 1 person told us, "The place is managed so much better now [names of registered manager and area manager] have been in charge at Link House." A second person added, "The place is managed really well now by the new managers. I have got a lot of time for both of them...Easy to get hold of and talk with."
- Managers worked directly with people and led by example. Staff spoke in positive terms about the support from their line managers and teamworking with their colleagues.

At the last inspection the provider had also failed to ensure the quality and safety of the care and support people received was always properly monitored. This was because their established governance systems were not always effectively operated. We discussed this oversight and scrutiny failure with the provider at the time of our last inspection.

At this inspection we found enough improvements had been made in respect of the way the care home now operated their governance systems.

- The new managers were keen to improve the service and they recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- Managers and senior nursing staff used electronic records and governance systems which automatically flagged up when things had gone wrong, and routinely toured the care home in-person to observe staffs

working practises and to check their record keeping.

- The provider had completed a time specific action plan and had made all the improvements they said they would to address all the outstanding issues we identified at their last inspection.
- The registered manager told us they now audited peoples' care plans at regularly intervals to check risk assessments and management plans for staff to follow remained up to date and relevant.
- In addition, the area manager and other senior managers representing the provider now routinely visited the care home to carry out their own internal quality monitoring audits which included, regularly speaking with people who lived there, observing staffs working practices and checking the accuracy of records they were expected to appropriately maintain. The outcome of these internal audits indicated senior managers representing the provider were satisfied with the leadership approach of the care homes managers and how it was now being managed.
- The outcome of all the new audits and checks described above were now routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided.
- The provider understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

- People now received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well. People told us staff treated them with respect and dignity. 1 person said, "All the staff are lovely here...They treat us so well." A second person added, "Staff morale is up since the new managers took over and the staff have just got better and better."
- The registered manager and area manager both worked well together and had a clear vision that she shared with staff. The care manager told us they routinely used in-person individual and group meetings and training to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture and used a range of methods to gather people's views about what the care home did well or might do better. This included, regular one-to-one meetings with their designated keyworker, online individual and group meetings between relatives and staff, and an annual customer satisfaction survey. In addition, staff told us the care home operated 'A resident of the day' scheme, which enabled everyone who lived at the care home a chance to express their views about their experiences of living at Link House at least once every two months.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. The results of the most recent staff survey indicated staff were satisfied with the way the relatively new management team ran Link House and the support they received from them. 1 member of staff said, "This place has improved so much since the new managers took over. All the home needed was a stable management team and that's exactly what we've got in [name of the registered manager and area manager]."

Working in partnership with others

- The provider worked well with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and

external agencies, including the relevant Local Authorities, GP's, palliative care and NHS nurses, pharmacists, the London Fire Brigade and the CQC.

- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. They confirmed a community nurse regular attends clinical meetings at the care home to share their knowledge and expertise with the managers and nursing staff.