

Exmouth Care Ltd

# Linksway

## Inspection report

17 Douglas Avenue  
Exmouth  
Devon  
EX8 2EY

Tel: 01395273677

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

About the service: Linksway is a nursing home that was providing personal and nursing care to 17 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Everyone said the service was well led by the registered managers. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. There were systems in place to monitor the quality of care provided. Audits had not identified some of the issues found at our inspection the management team were responsive and proactive when areas for improvement were highlighted to them.

People remained safe at the service. People said they felt safe and cared for living at Linksway. People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse. People's care needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their individual health needs were identified and met. Where concerns were identified during the inspection the registered managers took immediate action to remedy the concerns.

There were sufficient and suitable staff to keep people safe and meet their needs. Thorough recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively.

Linksway supported people who require palliative care. The registered managers and staff were very committed to ensuring people experienced end of life care in an individualised and dignified way.

The provider recognised the importance of social activities. People were encouraged to engage in meaningful activity to aid both their physical and emotional well-being.

Staff told us they were well supported. They commented on the availability of the registered managers for support, advice and guidance at all times. Training covered a wide range of areas and was regularly refreshed. Staff were able to request additional training to meet people's specific needs. Staff were encouraged to develop their skills and contribute to the running of the service.

People had a varied and nutritious diet. There was a designated enabling staff member to support people to engage in activities they were interested in, on an individual and group basis.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to lead a healthy lifestyle and have access to healthcare services. Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it. People received their medicines on time and in a safe way.

Rating at last inspection: Good (report published September 2016).

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Linksway

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an adult social care inspector, an assistant inspector, a specialist nursing advisor and an expert by experience who was knowledgeable about care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Linksway is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Linksway accommodates up to 24 older people in a detached house set in its own grounds in the East Devon seaside town of Exmouth. On the first day of the inspection, 17 people lived in the home.

The service had two managers 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. The new registered manager registered with CQC in October 2018 and worked alongside the existing registered manager, both having clear roles and responsibilities.

What we did:

Before the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with:

- Five people
- Two relatives
- Both registered managers, the maintenance person, two administration staff, two nurses, senior carers, carers, an enabler and the cook.
- Two company directors.
- Seven healthcare professionals: a speech and language therapist, GPs, optometrist and a Parkinson's nurse

We also reviewed

- Three people's care records
- Three personnel records
- Training records for all staff
- Audits and quality assurance reports
- Minutes of meetings
- Policies and procedures.
- Records of accidents, incidents
- Complaints

We used the Short Observational Framework for Inspection (SOFI) in two different areas of the home. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- ☐ There were systems in place to assess risks both to individuals and to the environment.
- ☐ Bedrails in use had been risk assessed but did not take into account all the HSE guidelines regarding safe use of bedrails and gaps. We highlighted this to the registered managers who took immediate action during the inspection and implemented the full HSE risk assessments for all beds where bedrails in use. The provider also put in place new systems and delegation of risk assessments relating to bedrails to ensure they remained safe.
- ☐ People were protected against hazards such as falls, nutrition, skin integrity and mobility. Staff had completed assessment tools regarding these hazards and where required had taken action to minimise risks.
- ☐ Pressure relieving equipment was used for people who presented with a risk of skin damage. Daily monitoring checks were in place to monitor that these mattresses were set at the correct setting for people's weight. We highlighted to the registered managers that two of these mattresses were not set at the correct setting. They took immediate action and reviewed the people's weight and corrected the setting.
- ☐ There was good maintenance oversight of the home with regular room checks and maintenance audits carried out by the provider and maintenance person.
- ☐ External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance.
- ☐ Fire safety was well managed. Staff had received fire training. During our inspection we observed a new staff member walking around with the maintenance person being shown the fire procedures at the home.
- ☐ Individual personal evacuation plans were in place for people. These provided information about the support people would require in case of an emergency evacuation of the service.
- ☐ In January 2019 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

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

- ☐ People told us they felt safe at the service.
- ☐ All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people

### Staffing and recruitment

- ☐ Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character.
- ☐ Staff were not rushed during our inspection and acted quickly to support people when requests were

made. The atmosphere at the home was busy but pleasant.

- ☐ People said there were enough staff to meet their needs and their call bells were responded to within a reasonable time.
- ☐ A monthly call bell audit was completed to ensure call bell response times were acceptable.
- ☐ Staff felt there were enough staff to meet people's needs but there were occasional pinch points where more staff would be beneficial. For example, when complex people came into the service.

#### Using medicines safely

- ☐ A few concerns were identified on the first day with the medicine management at the home regarding: stock control accuracy for one person and homely remedies, poor temperature monitoring of the medicine's fridge, which was not being reset between readings and the oversight of ensuring the application of prescribed creams.
- ☐ Prompt action was taken by the registered managers and these concerns were resolved by the second day of our visit. This included, a new medicine fridge ordered, memo to nurses highlighting what was required by them, a nurse meeting, changes to how medicines were received into the home with two staff signing in medicines and daily monitoring of prescribed creams application by senior care staff.
- ☐ We also received assurances from the provider about medicine monitoring they were putting in place to assure themselves these issues would not occur again.
- ☐ The pharmacy supplying medicines to the home had undertaken a review in July 2018. They had not raised any significant concerns.
- ☐ Medicines were administered by registered nurses who had been trained regarding medicine management and had their competency regularly checked.

#### Preventing and controlling infection

- ☐ The service was clean. Cleaning schedules were in place to help ensure these standards were maintained.
- ☐ Staff used the correct protective equipment, such as gloves and aprons when providing personal care.
- ☐ Staff had received infection control training and refreshers when needed.

#### Learning lessons when things go wrong

- ☐ Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- ☐ The registered managers reviewed all accidents at the home to ensure people had the appropriate action taken.
- ☐ As a result of a review, a bedside handover between staff had been implemented. The registered manager told us in the provider's information return (PIR) "Communication was thereby improved between nursing staff, and any family members present could discuss any concerns, if they had not done so already."



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs where possible were assessed prior to moving into the service to ensure they could be met and Linksway was an appropriate placement for them.
- ☐ The provider also worked with the local hospital and supported people who were assessed by hospital staff (trusted assessors) as appropriate to be looked after at Linksway
- ☐ Assessments of people's needs were comprehensive and regularly reviewed to ensure their accuracy.

Staff support: induction, training, skills and experience

- ☐ Staff had the skills to meet people's needs. They received appropriate training, and reflective learning, to ensure their skills were up to date.
- ☐ Staff completed the provider's induction when they started working at the home and were supported to refresh their training.
- ☐ Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.
- ☐ The nurses at the service were supported to complete the revalidation process. Nurses are required by the NMC to undertake a revalidation process to demonstrate their competence.
- ☐ supported by the management team through regular supervisions and appraisals.

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

- ☐ People received food and fluids which met their nutritional needs.
- ☐ People told us they liked the food and could make choices about what they had to eat.
- ☐ The provider had introduced the new International Dysphagia Diet Standardisation Initiative (IDDSI) which has standard terminology to describe texture modification for food and drink. This guided staff about food and drink textures to ensure people have food at the correct consistency for their need.
- ☐ People's dietary needs and preferences were documented and known by the cooks and staff.

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

- ☐ The home was in good repair, but two relatives commented about the décor being old fashioned.
- ☐ There were ongoing improvements to ensure the safety and security of the environment. This included some redecoration, the installation of flooring and an improved WIFI and telephone line.
- ☐ A new call bell system had been installed. The registered manager recorded in the provider information return (PIR) "which allows effective response to residents needs with the ability to monitor and audit the response times."

- People's rooms were personalised with items of furniture or ornaments.

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

- Staff worked closely with health professionals, including dietitians and speech and language therapists (SALT) and ensured people were referred promptly. We had very good feedback from professionals.
- Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required.
- People's changing needs were monitored to make sure their health needs were responded to promptly. Health professionals said they were contacted promptly if required. Comments included, "The nurses at Linksway regularly refer people to our service when appropriate and are able to give us comprehensive information about their histories and difficulties when we visit."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions.
- Staff had completed capacity assessments for people and considered people's capacity to make decisions. The registered manager reviewed people's records during the inspection to ensure that all capacity assessments and best interest decisions were recorded.
- Staff had recorded where people had representatives who had power of attorney but not which type and therefore their responsibilities. The registered managers said this information was in the main office and took action to ensure the information was added to people's care records to guide staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Staff treated people with kindness and compassion. Throughout our visits staff were smiling and respectful in their manner.
- ☐ People said staff were caring. Comments included, "I came here thinking it would be three months' respite but having talked to [registered manager] I realised it was care that I needed. I decided to stay here because the people were so kind and helpful" and "The staff are great, they are wonderful. They are cheerful, they never talk down to me."
- ☐ Staff were positive when they spoke to us about people. They recognised that some could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- ☐ Staff went above and beyond to make people feel they mattered. For example, one person told us how the table over their bed had been specially designed and made for him by the maintenance person because the regular tables were too small for all the items they wanted to have at hand.
- ☐ Staff brought in their dogs. One person who was very unwell was seen getting a lot of pleasure having a dog sat on their bed being patted.
- ☐ Staff responded to people's needs quickly and showed concern for their wellbeing in a caring way. One person had arrived at the service the day of our visit and was very unwell. Staff had stayed with the person throughout the night supporting them.
- ☐ People's relatives and friends are able to visit without being unnecessarily restricted. It was evident the registered managers knew people's relatives well. They greeted them when they arrived and took a genuine interest in them and what they had to say.
- ☐ The registered managers had received a lot of thank you notes from relatives of people who had stayed at the home. These included, "My Mum looks better in 24 hours being here", "Your kindness and compassion is abiding. We are appreciative for the dignity you gave (person). Linksway is lovely full of warmth and friendliness."
- ☐ Professionals all commented on how caring the service was.
- ☐ People were able to maintain their personal faiths and beliefs. These were determined on admission and arrangements made to support them as appropriate, including regular services with visiting clergy.

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

- ☐ People were encouraged to make decisions about their day to day care and routines where possible. Those with close family, friends or those with the legal authority to make decisions on behalf of people if required were consulted.
- ☐ Regular informal discussions with staff and the registered managers were used to inform and gather people's and their family's views.

- ☐ Monthly newsletters kept people informed.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff supported people to be as independent as they wanted or were able to be.
- ☐ Staff ensured people's privacy. One staff member told us, "I always cover the other half with a towel. I always ask before I do anything, and I am careful about how I word things. And I always say what I am about to do. Even if people can't respond you always ask."
- ☐ Care was delivered in line with people's religious needs
- ☐ People confirmed they were addressed in the in the way they wished.
- ☐ People had a choice of male / female staff to provide support to them.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- ☐ Care plans had clinical information to guide staff about people's clinical need. During the inspection the registered manager's also implemented care plans to guide care staff about how to support people. For example, which sling to use for people requiring a hoist and if someone had a thickened drink the consistency required.
- ☐ People or their relatives were involved in developing their care, support and treatment plans. Where possible before people came to the service a member of the management team visited them to discuss their requirements to assess if the home could meet their needs.
- ☐ People's needs were reviewed regularly monthly and as required.
- ☐ Information was available to people in different formats if they requested it. This need was assessed on admission and in future will be discussed at the monthly care plan review in response to feedback given during the inspection.
- ☐ There were enablers supporting people to undertake activities of their choosing. The activities people enjoyed included visiting lama's and birds of prey, manicures and hand massages, potato stamping, bulb planting and themed days like St Patricks and St David's day
- ☐ The local library visited the home, so people could choose books of interest to them and also have access to audio books. Children from the local school had been to the home to sing and there were plans to arrange reading groups with them.
- ☐ A 'pat kitten' is being trained to bring in for people.
- ☐ People and staff were seen being treated fairly and equally. There were policies, procedures and staff training in place to ensure they met their responsibilities under the Equality Act.
- ☐ The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints process in place and people were aware of how to raise their concerns.
- ☐ There had been one complaint in the last twelve months which the registered manager's and provider had responded to in line with the provider's policy.

End of life care and support

- ☐ Linksway supported people who required palliative care. Staff worked closely with the local hospitals and hospice team. They are also supported by the multidisciplinary team which includes, people's GPs, specialist respiratory nurses, physiotherapists, dieticians and Speech and Language Therapist (SALT).
- ☐ Staff have received internal and external training in end of life care. Nurses have had a more in-depth

training which included the use of syringe drivers, medicines used and choices and conversations to have with people.

- ☐ Staff took practical action to relieve people's distress or discomfort. For example, medicines had been prescribed for people receiving end of life care should they require them for pain management.
- ☐ Staff were very supportive of people and their families receiving palliative care. They sat with people and relatives and offered reassurance. They gave up their own time to do people's hair and manicure nails. The registered manager and some staff provided pastoral care for bereaved families
- ☐ Staff worked with people to make their final wishes come true. One person had a wish to visit a pub for a "last get together".
- ☐ Arrangements are made when required for families to stay over at the home to be with relatives.
- ☐ Thank you letters to staff included, "Thank you for looking after him, nursing him, making sure he was not in pain and comfortable and for treating him with kindness and compassion... Although we knew that he was coming to the end of his life, I thought that these last months should be 'a part of his life too'. It seemed that this is a view that you and your staff have too."
- ☐ Health professionals said that Linksway provided very good end of life care. One told us about the wonderful care provided to one person by staff at Linksway. Their comments included, "They had provided excellent care for someone who was bed bound... we never got into a pressure area issues. They maintained her nutritional state and managed her with great compassion."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ Staff told us, "The management is good. (Registered manager) is very good at her job. She is a woman of knowledge... (registered manager) is approachable and we have a good relationship."

- ☐ Staff felt proud to work at Linksway

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

- ☐ The registered manager was visible and known to people, professionals and staff at the service.

Comments included, "They are very professional and caring. They are also very well led."

- ☐ The registered managers were role models who led by example. They both worked alongside the nurses and care staff and were very knowledgeable about people's needs.

- ☐ The registered managers were supported by the two directors who regularly visited the home and undertook reviews and spoke with staff.

- ☐ There was a clear understanding of individual roles and good communication amongst the management team which included the registered nurses.

- ☐ Staff told us they were encouraged to develop their skills and learning. The registered manager spoke to us about the importance of supporting staff in their personal development and career progression. It was evident staff were valued at Linksway.

- ☐ The registered managers were aware of their regulatory responsibilities. Notifications were made appropriately

- ☐ Although audits had not identified some of the issues found at our inspection the management team were responsive and proactive when areas for improvement were highlighted to them.

- ☐ The governance system included audits based on the Commission's Five Key Questions. Where concerns were identified actions were completed.

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

- ☐ There were a variety of ways people could influence the service provided; including feedback surveys and informal conversations with provider, staff and the registered managers.

- ☐ Meetings were held for people and relatives as well as for every role of staff member. These were constructive meetings which celebrated achievements whilst identifying where further improvements could be made.

- ☐ People were supported to have good links with the local community. For example, through visits from

local school children. There were plans to develop this further by organising reading groups.

Continuous learning and improving care; Working in partnership with others

- ☐ Policies had been reviewed appropriately and were up to date and contained current guidance.
- ☐ Accidents and incidents were recorded and analysed monthly by the registered managers.
- ☐ The provider had another service in the same town and shared resources across the two locations. This included staff and training.
- ☐ Where concerns were identified in either service, changes were made at both services.