Housing With Care Ltd

Linear Park Residential Care Home

Inspection report

Bradlegh Road
Newton Le Willows
Merseyside
WA12 8RA

Tel: 01925221635

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Linear Park 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. Linear Park is registered to provide accommodation, personal and nursing care for up to 31 people. There were 31 people living at the service at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Risks people faced were identified and measures were put in place to reduce the likelihood of harm occurring. Staff knew the different types of abuse and how to recognise and report any concerns they had. People were kept safe by the right amount of suitably skilled staff. The process for recruiting new staff was safe and thorough. Background checks were carried out to ensure staff were suitable for their role. Procedures were followed to ensure people received their medicines safely.

People received care and support from staff who received appropriate training and supervision for their role. People's rights and best interests were promoted in line with the Mental Capacity Act 2005. People's dietary needs were understood and met and people enjoyed a variety of food and drink appropriate to their needs.

People were treated with dignity and respect and their privacy, dignity and independence was promoted. Positive relationships had been formed between people who used the service, family members and staff.

People's needs were assessed, planned for and kept under review. People received person centred care which was responsive to their needs. A complaints policy and procedure was made available to people and relevant others. People and family members knew how to complain and they were confident that they would be listened to.

The leadership of the service was inclusive and positive. The quality and safety of the service was assessed and monitored and the required improvements were made so that people received a service which was safe, effective and responsive to their needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Linear Park Residential Care Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 01 August 2018. The inspection was unannounced and carried out by one adult social care (ASC) inspector.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we checked parts of the environment including communal areas, bedrooms, the laundry and kitchen. We spoke with eight people who used the service and five family members. We spoke with the provider, the registered manager, six members of staff who held various roles including care staff and ancillary staff. We looked at four people's care plans and associated records. We reviewed recruitment and training records for four staff. We also checked medicines administration, storage and handling. We reviewed a selection of other documents relating to the management of the service. For example, incident and accident records, complaints records and quality monitoring records.

Throughout the inspection, we observed how staff supported people with their care during the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

Good

Is the service safe?

Our findings

At the last inspection in February 2016 we found the service was safe. At this inspection, we found the service continued to be safe.

Medicines were safely managed. We made a recommendation following the last inspection for the provider to continue to review their practice and arrangements with regards to the safe management of medicines. This was in relation to timeliness of the medication round, PRN policy/procedures and protocols, administration of time specific medication and recordings of the application of creams. Whilst improvements were made at the time of the last inspection we checked during this inspection whether the improvements had been sustained and found that they had.

The medication round was carried out in a timely way. This meant people received their medicines at the right time, including medicines which were time specific, for example to be given before or after food. Protocols were in place to guide staff on the application of topical creams and the use of medicines prescribed for people to be given as required (PRN).

Staff with responsibilities for managing medication had undergone regular training and checks on their competency. Medication was safely stored and records were maintained of all items of medication received into the service and those returned to the supplying pharmacist. Each person had a medication administration record (MAR) which listed all their prescribed medication and the times it was to be administered.

The environment was clean and hygienic. Cleaning schedules were in place and being followed for the environment. We did however identify a number of wheelchairs which were stained with spillages. The wheelchairs were cleaned after we raised this with the registered manager. Staff followed good infection control practices. For example, they used personal protective equipment (PPE), such as disposable gloves and aprons, followed appropriate hand washing techniques and disposed of clinical waste in dedicated bins.

People told us that they felt safe living at the service. Their comments included; "I feel very safe and secure here, I've no worries at all," "Oh definitely safe" and "I have no problems about the way they [staff] treat me, I am treated very well by them all." Family members told us they thought their relative was safe living at the service. One family member told us, "I feel far less anxious now [relative] is here because I know how safe it is" and another family member told us; "I have no worries at all about [relative] safety. I go home from here confident they [relative] are safe and well cared for."

Staff had completed safeguarding training and had access to information, including the providers and the local authority safeguarding policies and procedures. Staff understood their responsibilities for keeping people safe and of when and who to report any concerns, accidents and/or incidents. The provider had a whistleblowing policy which staff knew about and were confident in following should they need to. The registered manager and senior staff understood their responsibilities for reporting concerns to external

professionals and other organisations.

Risks to people were identified and mitigated. Risks people faced in relation to their health, safety and wellbeing had been assessed and plans were put in place to minimise those risks. This included risks associated with falls, the use of equipment, moving and handling, eating and drinking and the environment. Staff understood the importance of supporting people in a way that promoted their safety, independence and freedom. We saw examples were staff followed these principles when supporting people to move freely around the building.

The premises and equipment were safe. During our inspection repairs were being carried out to the main electricity system following a fault which had occurred prior to our arrival. The system was repaired quickly by a qualified electrician. Records showed checks had taken place at the required intervals on systems and equipment including gas, electricity, fire alarms and water quality.

Each person had a personal emergency evacuation plan (PEEP) with details of the support they would require if they had to be evacuated from the building.

People told us there were enough staff to meet their needs and keep them safe. This was also echoed by family members. Their comments included; "Oh yes there's plenty of them [staff] if you need them," "I've never really had to wait long, they get to you quickly" and "They [staff] make me feel very safe." Staffing levels were determined based on the occupancy levels and people's needs. Permanent staff or regular bank staff picked up shifts to cover absences which helped to maintain consistency of care for people. Staff told us they had no concerns about staffing levels and that there were always enough staff on duty to meet people's needs and keep them safe.

The recruitment of staff was safe. The required checks were carried out before a new member of staff started working at the service. These included obtaining a full employment history and a minimum of two written references, including one from the applicants most recent employer. Applicants also provided proof of their identity and were subject to a check with the Disclosure and Barring Service (DBS).

Lessons were learnt following accidents and incidents. A record was made of all accidents and incidents which occurred at the service. Records were completed with details of the event and examined to establish if any action could be taken to prevent further occurrences.

Good

Is the service effective?

Our findings

At the last inspection in February 2016 we found the service was effective. At this inspection, we found the service continued to be effective.

Staff received the training and support they needed for their role. New staff completed induction training which was linked to The Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. Ongoing training relevant to their roles and responsibilities was provided to all staff. This training included, manual handling, safeguarding, infection control, first aid and fire safety. Staff completed regular refresher training in all topics. People and family members told us they thought the staff were well trained and good at their job. Their comments included; "They [staff] are all marvellous, they all seem to know what they are doing," "They [staff] are all very good" and "They [staff] seem very knowledgeable and well trained."

Staff told us they felt supported and had received one to one supervision meetings with their line manager. These meetings provided staff with an opportunity to discuss any training and development needs and any other matters relating to their work and performance. Annual appraisals provided staff with an opportunity to develop and reflect on their practice. Staff told us they felt well supported in their role. One member of staff commented, "The management are all very approachable and supportive, I have no problems asking them anything" and another member of staff said, "I feel really supported by everyone including my work colleagues."

People's needs were assessed, planned for and kept under review. Prior to a person moving into the service an initial assessment of their needs was carried out in line with the providers assessment policy and procedure. In addition, assessments were obtained from external health and social care professionals. Information gained through assessments helped to determine if the persons needs could be met at the service.

Each person had a care plan for their assessed needs. Care plans clearly identified the area of need, the intended outcome for the person and how this was to be achieved. Care plans were reviewed regularly with the involvement of people and relevant others, such as family members. Reviews provided people with an opportunity to discuss the effectiveness of their care plan and make any changes to it if they wished. Changes to care plans were made outside of scheduled reviews where this was required. For example, if a person experienced an unexpected or sudden change in their needs.

People's nutritional and hydration needs were assessed and planned for. The plans detailed people's food likes and dislikes, food allergies or intolerances, any special dietary requirements, equipment and support people needed to eat and drink. Staff were knowledgeable about people's dietary needs. People told us they got a choice of food and drink and that it was plentiful. Drinks and snacks were made available to people throughout the day.

People's healthcare needs were met. Each person was registered with primary healthcare services in the

local area including a GP, dentist and optician. Healthcare professionals visited the service or staff escorted people to appointments in the community. Details of the services people were registered with were recorded in their individual care records along with any contact they had with them. The records showed that healthcare professionals were involved in monitoring people's health and wellbeing where this was required. Where people had been assessed as requiring specialist equipment, for example, walking aids to help with their mobility and pressure relieving cushions and mattresses to prevent skin damage this was provided. People who needed glasses and hearing aids were supported and encouraged to wear them.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

The registered manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people were thought to lack the capacity to consent or make some decisions, capacity assessments had been carried out. When people required support to make decisions, the service had sourced advocates to provide independent support for them.

Good

Is the service caring?

Our findings

At the last inspection in February 2016 we found the service was caring. At this inspection, we found the service continued to be caring.

People were treated with kindness and compassion. People told us they were happy with the care they received and the way they were treated. Their comments included, "All the staff are very kind indeed," "It's very good care here and they [staff] are very respectful towards people" and "They [staff] seem to know when I'm having a bad day and make it better." A family member told us; "[Relative] gets very good care. The staff are all very caring."

Staff were encouraged to spend time with people and they took time to sit and chat with them. Staff took time when communicating with people and used methods of communication which people understood. For example, they maintained eye contact with people, listened carefully, gave people time to respond, observed body language and used signs and gestures. The interactions between staff, people and their family members showed positive relationships had been formed. Discussions showed staff had taken time to get to know people, their likes and dislikes and things of importance. Staff engaged people in conversations which they knew were of interest to the person, for example about their families and favourite pastimes.

People's bedrooms were personalised and decorated to their taste with family photographs and other items which were important to the person. One person told us it was particularly important for them to have their personal belongings around them as it made them feel at home.

People were encouraged and involved in making decisions about their care and support and how it was provided. This was done through regular care reviews, resident's meetings and annual surveys.

People's privacy, dignity and independence was respected. People's personal records were kept secure. Written records were kept in locked cabinets and records held on computers were password protected and accessible only to authorised staff. Discussions of a personal nature which took place with and about people were conducted in private.

Staff knocked on doors before entering bedrooms, toilets and bathrooms and people told us this was usual. Staff ensured people received personal care in the privacy of their own rooms or bathrooms.

People's care records placed a lot of emphasis on the importance of encouraging their independence. For example, one person's care records stated that it was extremely important for the person to maintain their independence by encouraging them to do things for themselves. Other people's care records included statements which aimed to promote their independence such as 'prompt, 'encourage' and 'always ask.'

Good

Is the service responsive?

Our findings

At the last inspection in February 2016 we found the service was responsive. At this inspection, we found the service continued to be responsive.

Care records contained a good amount of information about people's needs and how they were to be met. Care plans were developed using a person-centred approach. 'Person centred' means care which is based around the individual needs, wishes and choices of the person. Comments people made to us demonstrated that they received person centred care and support which was responsive to their needs. For example, one person told us, "I sleep in of a morning because I like to" and another person told us, "They [staff] make sure my side light is left on at night." A family member told us, "They [staff] always make sure [relative] is dressed smartly in the clothes he likes."

Any specific conditions people lived with were detailed in their care records, for example diabetes and dementia. Additional information provided by healthcare professionals and agencies about these conditions was also available alongside care plans.

Supplementary care records were being used to monitor aspects of people's care. This included the completion of charts to record people's weight, food and fluid intake, falls and skin integrity. Monitoring records were evaluated daily to check on people's progress and to ensure the expected outcomes were being achieved. Staff responded appropriately to any concerns they noted within the records, for example, they called upon GPs and made referrals to other health care professionals such as dieticians and the falls teams.

The provider employed a dedicated member of staff to organise and facilitate activities for people. The member of staff obtained information from people and their family members about people's hobbies, interest and favourite pastimes. This helped them to plan meaningful activities and events for people. There was a programme of activities displayed in communal areas at the service. Group activities mostly took place a dedicated communal lounge. Those who chose not to take part in organised group activities had the use of two other lounges and the dining room. Group activities included gentle exercises, music sessions, art and craft and sing-a-longs. During our inspection a group of people were enjoying a music and singalong session and we later saw one person playing dominoes with their visitors. People were provided with daily newspapers and magazines and there were other items such as board games and books available for people to use at their leisure. Staff took people out in the local community and supported them to go out with family and friends.

End of life care was provided for people and they were asked about their wishes in relation to this. Healthcare professionals supported people with end of life care to ensure people remained comfortable and pain free when approaching the end of their life.

There was a complaints policy and procedure on display at the service and people were provided with a copy of it. People and family members were confident about complaining should they need to and they felt

confident that their complaints would be listened to and acted upon.

Good

Is the service well-led?

Our findings

At the last inspection in February 2016 we found the service was well-led. At this inspection, we found the service continued to be well-led.

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

There was a clear management structure at the service. The registered manager had day to day responsibility for the running of the service and in her absence senior staff were nominated as the person in charge. The provider visited the service regularly and was actively involved in the running of it.

People who used the service and family members spoke positively about the registered manager and how she managed the service. They told us that the registered manager communicated well with them. Staff described an open culture whereby they felt confident to approach the registered manager and provider at any time for support advice or guidance. Everyone said they felt able to raise concerns and were confident that they would be listened to. They also described the management of the service as relaxed, inclusive and friendly.

There was good partnership working with other health and social care professionals including GPs, social workers and community nursing teams. This helped to ensure a holistic approach to meeting people's needs. It also enabled staff to keep up to date with current guidance, best practice and legislation. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's care.

There were systems in place for assessing and monitoring the quality and safety of the service. Audits (checks) were completed by the registered manager on a regular basis. This included checking on aspects of the service including care plans and associated records, medication, staff performance, the environment and infection control. The registered manager and provider also gathered people's views about their experiences of using the service. Action plans were developed detailing areas identified through the checks as requiring improvement. The action plans clearly set out the timescales for improvement and the person/s responsible for ensuring the actions were completed. Records showed that improvements were made in a timely way in line with the action plans.

The registered manager had forwarded notifications onto CQC as required by law. This included notifications of changes to the service and any reportable incidents which occurred. This information helped us to determine whether the registered person's had taken the appropriate steps in ensuring people's health, safety and wellbeing.

The rating from the last inspection was prominently displayed at the service which is a legal requirement as

part of their registration.