

Linkfield Court (Bournemouth) Limited

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Inspection report

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Date of inspection visit:
28 February 2017
01 March 2017

Date of publication:
11 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Linkfield Court (Bournemouth) Limited provides accommodation, care and support for up to 27 older people, many of whom have a diagnosis of dementia. At the time of the inspection 26 people were living at the home.

This was an unannounced comprehensive inspection carried out by two inspectors on 28 February and 1 March January 2017. We last inspected the home in December 2014 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered persons had taken action to address the areas for improvement outlined at our previous inspection but at this inspection we identified three breaches of the regulations.

There were two registered managers at the home at the time of the inspection. 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. The provider was in the process of recruiting a new deputy manager who was soon to start working at the home.

Risks to people's health or safety concerning delivery of their care and the physical environment had been assessed however we identified hazards where action could have been taken to make the environment safer.

Robust recruitment procedures had not always been followed to make sure competent and suitable staff were employed to work at the home.

There had been an improvement in the way medicines were managed; however, we identified one error where a person did not receive all their medicine on one occasion.

The staff team were well-trained and there were systems in place to make sure staff received training when required.

The home was meeting the requirements of the Mental Capacity Act 2005, with appropriate applications made to the local authority for people at risk of being deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse.

The home employed sufficient staff to meet people's needs and the registered manager kept the levels

under review.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs assessed. We identified improvements were need to make sure that 'safe swallow' plans were always followed by the staff.

People were positive about the staff team and the good standards of care provided in the home. People's privacy and dignity were respected.

Care planning was in the process of changing to electronic records and work was needed to make sure care plans were up to date.

The home provided a programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy and when a complaint was made, these were logged and responded to.

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

There were systems in place to monitor the quality of service provided to people but action was required of the management to address the shortfalls identified at this inspection.

There was a positive culture prevailing in the home with staff providing good care to people.

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 

People were not always protected from risks to their safety and action was need for improvement.

Sufficient staff were employed and on duty each shift to meet people's needs.

Medicines were generally managed and administered safely.

Checks were undertaken before staff started employment to ensure they were safe and suitable, however; we identified shortfalls in the recruitment of one person that could have compromised people's safety.

Is the service effective?

Good 

Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met.

Is the service caring?

Good 

Relatives spoke positively about the staff and the quality of the care provided and this was corroborated through our observations.

People's privacy and dignity was respected.

Is the service responsive?

Good 

People received personalised care but care planning required improvement to inform the staff of people's needs.

A programme of activities was provided in the home to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Is the service well-led?

The service had positive leadership from both the registered managers and the provider but improvement was needed to address issues identified at this inspection.

There were systems in place to assess and monitor the quality of the service, but these were not fully effective.

There was a positive, open culture with management seeking to improve the service through audits and satisfaction surveys.

Requires Improvement 

Linkfield Court (Bournemouth) Limited

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.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

This comprehensive inspection took place on 28 February and 1 March 2017 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met with the majority of people who lived at the home and one group of relatives. We also spoke with one of the providers, five members of the care staff team and the cook. We observed how people were supported and looked at four people's care and support records. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes and medication administration records.

Is the service safe?

Our findings

We met with the majority of people living at the home, all of whom were well-groomed and appeared comfortable and relaxed in the presence of staff. A relative we spoke with told us, "Linkfield Court was a friendly and safe place to live". They told us they felt it was "100% safe".

At the last inspection in December 2014 we identified areas where the safety of the people could have been compromised and we made requirements for improvement. At this inspection, we again identified concerns around safety, some of which were addressed before completion of the inspection. Some of the furnishings, particularly the chairs, were worn down to the bare threads and needed replacing to maintain better infection control measures. Many handrails were worn down exposing the wood. Two bathrooms were also in a poor state of repair, although there were plans for their refurbishment. Staff lockers were not secured to the wall and posed a risk of being pulled over. The main flight of stairs had been made safe for people, being enclosed with a keypad for access; however, there was a staircase leading down into the basement which was not locked and people could access, thus posing a risk to people. Before the inspection was completed the provider informed that a lock had been fitted on the cellar door, which was linked to the fire alarm so it would disengage in the event of a fire, therefore making this area safer for people.

We also identified other issues where action could be taken to minimise risks of harm to people.

Some people had been referred to Speech and Language Therapists because of difficulty in swallowing. One person had been put on a safe swallow plan requiring their drinks to be thickened to reduce risk of their choking. On the first day of the inspection we twice observed un-thickened drinks placed in front of this person on their table, posing a risk should they be drunk. Following the inspection the registered manager informed us that they had introduced a system whereby those people on thickened fluids were given separate cups to highlight to staff those people at risk needing thickened fluids. A hand out sheet was also to be given to any agency staff that provided key, important information concerning people, such as a safe swallow plan and moving and handling needs.

At the beginning of this inspection, there was no system to ensure people had their own individual slings where a hoist was required for their moving and handling needs. Before we completed the inspection, the provider informed that an audit of slings has been carried out and all slings were named with a notice to staff detailing each person's sling colour and type.

The provider had systems to ensure risks were minimised in delivering people's care but these were not effective as some assessments and care plans had not been updated since August 2016. For example, one person's moving and handling assessment, their personal evacuation plan and care plan informed that this person was able to move around the home with mobility aids. Their condition, however, had deteriorated and at the time of the inspection spent most of their time being cared for in bed. In respect of another person who had bedrails in place, there was no bedrail risk assessment and no protective 'bumpers' had been fitted to protect them from injury. Following the inspection the registered manager informed us 'bumpers' were now fitted for all people who had bed rails in place and bed rail risk assessments had also

been completed.

With respect to Legionella (a water-borne bacterium that can cause serious illness) Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The home had a Legionella risk assessment dated February 2015. This outlined a number of risks and actions that the provider must take to manage them, such as recording the water temperatures and the cleaning of shower heads. The registered manager told us that water temperatures were recorded and the shower heads were being cleaned as required but no records were maintained of this.

Overall, these areas for improvement constituted a breach of Regulation 12 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Warning Notice was served in relation to the continued breach of this regulation. .

The provider had not completed all the necessary checks for employing new staff to ensure that people were not at risk from receiving care from unsuitable staff. Three of the four files showed that all pre-employment checks had been carried out and records were in place. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. However for one staff member the records identified an area of risk, but their file did not contain a DBS check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We discussed this with the registered manager who told us that this member of staff no longer worked at the service.

Shortfalls in staff recruitment procedures were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other respects, there were positive outcomes for people living at the home.

People were protected from bullying, harassment and avoidable harm as staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations.

The staff we spoke with were aware of the provider's policy for safeguarding people. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

Staff safely supported people to transfer using a hoist and people were provided with a pressure relieving cushions where they were at risk of developing skin damage.

Safety checks of the premises and equipment which included lifts, hoists, fire extinguishers, portable appliances (PAT) and the fire alarm system had been completed and were up to date.

With respect to staffing levels, staff had time to provide care to people, and also spend meaningful time with them talking or helping them with other tasks. Staff generally felt staffing levels were satisfactory, although at times they felt pressured in the mornings. We discussed this with the registered manager who informed that dependency profiles were used together with regular feedback from staff to ensure they maintained staffing levels based on people's varying needs. The registered manager said that this would be monitored for consideration of increasing staffing levels in the mornings. The staffing levels on the day of inspection reflected the staff duty rosters shown us.

Improvements had been made with respect to medicines management, meeting a requirement made at the

last inspection in December 2014 when the auditing system could not account for all medicines entering the home. Systems were in place that showed staff managed medicines consistently and safely. All staff who administered medicines had received appropriate training and had had their competency assessed. Medicines were stored securely. We identified one medicine error and informed to the registered manager who assured this would be investigated under the procedures for the home. Not all PRN (as required) medicines had a PRN care plan which included details such as what the medicine was for and maximum dosage. This was an area for improvement.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Regular audits of accidents and incidents also took place during which trends, patterns and learning were sought.

Is the service effective?

Our findings

We spoke with a visitor and they told us they felt their relative was appropriately supported by the staff team and had confidence in their abilities. They told us, "I can't fault it. I think the staff are well trained".

Training records sent to us showed that staff completed core training in subjects such as fire safety, food hygiene, moving and handling, safeguarding, nutrition, infection control and medication administration. Staff were satisfied with the levels of training provided and said they had opportunity for further learning. For example, one member of staff told us about in depth dementia training that they had been put forward to attend. This was to be cascaded to all the staff team.

New members of staff received induction training that included shadow working with more experienced staff. New members of staff were also enrolled on the Care Certificate, which is the recognised induction standard.

Staff felt supported through line management structures and said there was always someone they could seek advice from if the need arose. Records of formal one to one supervision were not fully up to date at the time of the inspection; however, following the inspection the registered manager confirmed that the records held by the head of care had been updated and the majority of staff were up to date within the policy of the organisation. The records showed that formal supervision included topics such as, workload, concerns, personal development and mandatory training.

Overall, the service was working within the principles of The Mental Capacity Act 2005 (MCA), which 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. Throughout the inspection staff sought people's consent for the way they were cared for and supported in line with MCA. Within people's records were completed mental capacity assessments where people lacked capacity to make specific decisions. Where 'best interest' decisions had been made, there was a record of the people consulted in making the 'best interest' decision.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate referrals had been made to the local authority under DoLS with some being granted and conditions attached. In these instances the home had complied with the conditions. We discussed with the registered manager the need for a system to highlight when a person's DoLS was due to expire, so that a new application could be made if there was still a need.

The cook demonstrated a thorough knowledge of what people living in the home preferred to eat, this information having been sought at the time of the person's initial assessment. The cook said that the provider sourced good quality fresh produce that was delivered by independent caterers. People's dietary

needs were assessed and the cook was actively involved in compiling varied and nutritious meals for people, taking into account any medical needs such as soft or pureed dietary requirements.

We observed the lunchtime period, which was conducted in a calm manner with staff supporting people appropriately where they needed assistance. People were not rushed and overall, the mealtime was a positive experience. A relative said the food was very good and the home had a, "Top class chef".

People's weight was monitored each month and steps taken if people were at risk of becoming malnourished. For example, checking that the staff were supporting people appropriately, providing snacks and alternatives as well as fortifying meals. People were monitored for their food and fluid intake and records were kept in order to assess whether people were eating and drinking enough.

Relevant healthcare professionals were involved in people's care when required, such as speech and language therapist, district nurses, and doctors. A visiting GP told us that the home made appropriate referrals, were responsive to people's healthcare needs, and followed their instruction.

Is the service caring?

Our findings

People were supported by staff who knew them well with staff able to tell us in depth about people's needs and personality. They were also knowledgeable about people's background, families, hobbies and preferences.

Staff were kindly and encouraging when speaking to people, putting them at ease and encouraging them when this was appropriate. For example, staff left a person who needed assistance with being moved to a comfortable chair when they became distressed. The staff reassured the person and then returned to them when they became more settled.

People and their relatives were involved in reviewing their care. Staff invited them to review meetings where matters that were important to them were discussed and reflected in their care plan.

Staff treated people with kindness and respect. People's privacy and dignity were respected. Staff always knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not speak about people in front of others. During the day one person needed to be hoisted from their chair in the lounge to their wheelchair. This person's dignity was maintained at all times.

Is the service responsive?

Our findings

Overall, people received personalised care that was responsive to their needs.

Relatives we spoke with had no concerns about the way care was planned and delivered and were satisfied with the service being provided.

Assessment procedures were in place to make sure that the home could meet people's needs. Before a person was accepted for a placement at the home, the registered manager had carried out a preadmission assessment of their needs and these were in place on people's file.

Once admitted, additional assessment tools and risk assessments were completed and used to develop an individual care plan for each person. Care plans we looked at were not all up to date. The registered manager explained that the home was in the process of converting to electronic records and that this process accounted for some of the plans being out of date. This was area for improvement and will be monitored at future inspections.

The care plans that were in place were generally person centred and gave a good overall picture of each person's abilities and how they wished to be supported by staff to maintain their independence. For example, relatives provided information about their relative's life history so that care workers could better understand the whole person.

People had generally been provided with specialist equipment where this was needed, such as air mattresses and there was a system for staff to check that mattress settings corresponded to the person's weight.

Regular handover meetings between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture, pictures and ornaments from their previous home. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do.

There was a programme of activities for people living at the home, which included both one to one and group activities such as musical events and ball games.

Relatives we spoke with told us they had no complaints. One relative told us, "I have never had to raise a complaint; the staff and management are very good and have no complaints at all." There was a complaints process in place that would record the issues and identify the outcome and record what action had been taken. The home had received one complaint in the past 12 months; we saw that it had been addressed in accordance with the provider's complaints policy.

Is the service well-led?

Our findings

No one we spoke with had any concerns about the way the home was managed. One of the providers took an active role in supporting the two registered managers. At the time of the inspection only one of the registered managers was running the home, as the other was involved in a project, looking at models of support developed in Europe in planning for the proposed extension to the home. The staff spoke warmly of the management, the positive culture in the home and felt they were supported in their role, however; the failings of safety reflected earlier in the report meant there was need for managerial improvement.

The registered persons had not taken action to fully address the areas for improvement outlined at our previous inspection. At this inspection we identified three breaches of the regulations.

The registered manager carried out quality assurance audits to ensure systems were working and to seek improvement. For example, medicine audits were completed on a monthly basis, which would have picked up the medication error that had occurred the day before our inspection. Other audits took place, such as monthly care plan audits, health and safety audits and infection control audits. Whilst these were in place to identify shortfalls in the service provided and seek improvement, the system for assessing and monitoring the quality of the service was not fully effective as this had not identified all the issues found during our inspection. The registered persons had also not acted fully on the shortfalls identified in our last inspection report.

The systems in place to assess and monitor the quality of the service were not fully effective. This was a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and professionals linked to the service had a voice in how they felt the service was run. A survey was completed in January 2017, and positive comments were noted, which included. "Staff are so caring. They treat residents and their family with great respect." The results of the survey had been collated so people could see them and the manager could act on any areas identified for improvement.

There was a system for monitoring accidents and incidents that sought to learn and make improvements where necessary.

The provider was aware of the issues that required notification to CQC and had submitted notifications as 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 17 HSCA RA Regulations 2014 Good governance Systems to assess and monitor the quality of the service were not fully effective. The registered persons had not acted on feedback from the last inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were at risk of unsuitable staff being employed at the home as not all the required checks were completed at recruitment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from avoidable harm concerning delivery of their care and from the physical environment.

The enforcement action we took:

We have issued a Warning Notice