Housing With Care Ltd

Linear Park Residential Care Home

Inspection report

Bradlegh Road
Newton Le Willows
Merseyside
WA12 8RA

Tel: 01925221635

Date of inspection visit:
02 February 2016

Date of publication:
04 March 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Linear Park is a residential care home in Newton-le-Willows. The service offers accommodation and support for up to 31 people living with dementia.

This was an unannounced inspection carried out by an Adult Social Care inspector. During the inspection we spoke with seven people who lived in the home, five visitors, six members of staff and the registered manager. There was a registered manager at the service. 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.

We observed care and support in communal areas, spoke with people in private and looked at care and management records.

People told us that they felt safe in the service and they did not have to wait long for staff to assist them.

We saw that medicines was not always managed safely or given in a manner that met people's individual needs.

Some of the systems used to assess the quality of the service had not identified the issues that we found during the inspection. The majority of these were discussed with the registered manager who immediately put new systems into place.

People told us that they, and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

People told us that they were treated with kindness, compassion and respect. We saw many positive interactions and people enjoyed talking to the staff in the home.

People told us that were able to see their friends and families as they wanted. We saw that there were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home.

The staff told us they were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People in the service were placed at risk because medication was not managed safely and improvements were needed in order to meet people's needs.

Recruitment records showed staff were checked appropriately before they started working in the service.

There were enough staff in place to ensure people received appropriate support to meet their care needs.

Staff in the home knew how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

Staff we spoke with had an overview of the Mental Capacity Act 2005 and how to ensure the rights of people to make decisions were respected.

Staff were provided with training to meet the needs of people living in the service.

Arrangements were in place to request heath, social and medical support to help people stay well. People were given support to eat and drink where this was needed in a manner that met their individual needs.

We found the registered provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

It was clear in observations that staff and people had a good rapport. Staff were observed to support people in a manner that was respectful maintained their dignity and meet their needs.

People and their relatives told us they were happy with the care and support they received and their needs had been met.

Is the service responsive?

Good

The service was responsive.

We saw that any concerns were actioned. People told us they felt confident to raise any concerns and that their opinions would be listened too.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate.

Family members and friends played an important role and people spent time with them. Visitors were encouraged and supported to visit the service as and when they wished.

Is the service well-led?

Good

This service was well led.

The provider had notified us of any incidents that occurred, however they needed to make sure that they notified us of any Deprivation of Liberty Orders that were granted.

There were some systems in place to monitor the quality of the service. We identified some gaps in these systems and these were immediately after the inspection.

The registered manager was well respected by staff, relatives and importantly by people living in the service.

People were supported to express their opinions about the service provided to influence service delivery.

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 inspection took place on 02 February 2016 and was unannounced The inspection was undertaken by an adult social care inspector.

Before the inspection we, reviewed all the information we already held on the service and contacted the local authority who funded the care for some of the people living there. We also contacted the Local Healthwatch, which is an independent consumer champion created to gather and represent the views of the public.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported during their lunch and throughout the day. We reviewed four care records, four staff files, staff training records and records relating to the management of the service such as audits, policies and procedures. During the inspection we spoke with seven people who lived in the home, five visitors, six members of staff and the registered manager.

Requires Improvement

Is the service safe?

Our findings

People who told us they felt safe living in the service. One person said, "I haven't lived here long, my family chose this place because they thought the staff were really lovely. I do feel safe, I feel as though they would make sure all my needs are meet. I can't ask any more of them than that". Relatives we spoke with told us, "So much better, now their loved one was living in the home, and "I don't go away on holiday and worry anymore; I don't go out for an hour and worry. I know they really look after her and they always make sure I'm kept up to date".

People told us that they would be confident speaking to a member of staff or to the registered manager if they had any concerns. They all told us that they believed that any concerns would be dealt with immediately.

Records regarding medication were not always clear. An example included one person's medication administration records (MAR) contained two entries for the same drug with different doses of what to give it. As a result it was not clear when this medication had to be given. Following the inspection the registered manager investigated the medicine that was unclear and was able to determine a single dose was not administered correctly. They contacted the person's doctor who determined that they had not come to any harm and the persons family to inform them of this.

Another person had recently moved into the service and it was not clear what medicines the person needed. During the inspection staff obtained written instruction for a person who had recently moved into the service to confirm the medicines they required.

There was no information available to inform staff, when to give as needed medication (PRN). As an example two people, whose records we looked at required pain relief when needed. We reviewed their care records and the medication records. No instructions were available to inform staff when and how to give PRN medication. We looked at the policy and procedure for giving PRN medication and saw that there was no policy or procedure for this.

We looked at how the service managed external preparations such as creams. The registered manager had created a form that staff should sign when the cream was used. These cream records viewed were not completed; as such it was not possible for the provider to determine that staff had applied the cream as prescribed.

We saw that medication that needed to be given at certain times such as before food, with food, after food or every four hours where not recorded as being given at the correct times. One person needed medication to be given half an hour to an hour before food but they had not received this. There were no arrangements in place to ensure that staff were aware who required medication before food.

The registered manager sent us newly updated policies and procedures and an action plan as to how they were going to minimise any risks and improve the management of medicines.

At our inspection we saw that medicines took a long time with the staff member still giving out medicines at 11:15 am nearly 2 hours after they had started. We saw that the person was constantly being disturbed whilst giving out medicines increasing the risk that they would make a mistake. Following the inspection the registered manager spoke with all staff and instructed that the person administering medicines was not to be interrupted unless there was an emergency. This was good practice and would assist staff to give out medicines safely.

It is recommended that the service should continue to review its practice and arrangement with regards to the safe management of medicines and to adhere to the practices as described in Nice guidelines Managing medicines in care homes March 2014.

We reviewed the arrangements for fire safety. The majority of the doors in the service had recently been replaced however these had not been adjusted correctly and where not properly closing. The manager contacted us the day after the inspection to confirm that all the door closing mechanisms had been adjusted and they were satisfied that the doors were safe.

We observed that soiled laundry was left on bedroom and bathroom floors in two bedrooms. The registered manager addressed this at the inspection with the relevant members of staff and put into place arrangements for staff to place soiled items in the appropriate laundry bags

We looked at how the provider managed risks to people living in the service. We saw that risk assessments were available in care plans and these were updated to reflect changes in people's assessed needs. Staff were able to explain how they made sure that their practices maintained peoples independence and took account of any potential risks.

The staff we spoke with told us they had completed training to support people safely, recognise and report abuse, and knew the actions to take if they were concerned that a person was at risk of harm. During discussion staff were able to detail what action they needed to take and how they would deal with any incidents of abuse if they thought their views were not being listened to. They all expressed confidence that the management of the service would react to any allegations of abuse.

We looked at staff recruitment.. We viewed the files of two recently recruited members of staff, we saw that a DBS (Disclosure and Barring Scheme, police check) and references for staff were available. We saw that these checks were undertaken before the staff member started working in the home maintaining the safety of people living there.

During most of our time in the service we saw that the staff provided the care people needed, when they required it. People who could tell us their views said that there was enough staff to provide the support they needed. One person told us, "There are lots of staff you never have to wait", and a visitor to the service said, "The staff here are really good they are constantly there if you need them".

All of the staff we spoke with said there was enough staff to provide people with the support they needed and to keep them safe. We saw that people were given support as needed over the meal times and there was sufficient staff to make sure that this support met their needs.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that people were well cared for in this home and staff were aware of how to support them with their individual needs. People told us that they received the support they required to meet their needs. People we spoke with told us that the food provided was "tasty", "lovely" and "really very nice". We saw that staff were kind and provided the support people needed to eat their meals and at other times.

There was a menu board that provided details of any alternative choices. This was available in a picture format to assist people in making choices. We were informed that should people not want the meal they would be provided with an alternative such as sandwiches There was a set menu plan and information about people's preferences. We looked at the information regarding peoples personal preferences and spoke with the cook. We saw that people's personal preferences were brief and did not cover the full information that staff knew about people. The registered manager stated that these would be updated over the coming days.

We looked at how the service managed any risks to poor nutrition. The service does not have a screening tool to assess risk. However the registered manager has commenced training for staff to use a screening tool called a Malnutrition Universal Screening Tool (MUST). We saw in the care records of people that where people had lost weight or staff thought they were not eating well appropriate medical advice and guidance had been sought and staff monitored the weight of the person.

All the staff we spoke with told us they had to complete training to make sure they had the skills and knowledge to provide the support individuals needed. Two staff members told us, "We do lots of training" and "so much I can't remember what we have had". We looked at staff training records. A variety of training was offered, however not all staff had completed this. The service didn't record additional training it undertook such as any informal training. We also saw that staff were not assessed to check their competence to undertake some of the support they gave such as giving out medicines. Following the inspection, we received an action plan from the registered manager outlining how all staff would be assessed to check competence in the work they undertook.

We discussed with staff the arrangements in the service for supervision with their line manager. They told us they received supervision every two to three months and they found this of benefit. A log of supervision was available within the service and this showed that staff received supervision and a yearly appraisal in accordance with the services policy in order to assist staff in developing their skills.

The registered manager discussed their understanding of the Mental Capacity Act 2005 and its associated codes of practice. They had made appropriate referrals to social services using Deprivation of Liberty Safeguards (DoLS). Records were available as people who had to have safeguards in place due to their capacity needs. We looked at care records and found that the principles of the Mental Capacity Act 2005 Code of Practice were not always clear. There was limited information regarding which people had family members with legal powers of attorney in place. Care plans made no reference about how to support

individuals to make decisions.

We saw that staff had a clear understanding of how to support people less able to express an opinion to make a decision. This included people's preference for a daily routine and what kind of clothes they wished to wear. We also saw staff appropriately supported people with daily activities and discussed with them the choices they would like to make.

The service had also started a particular training for end of life care known as the six steps. This assists them in making sure that they adhered to peoples advanced decisions such as what they would like to happen to them at the end of their life and where they would like to be.

During our inspection we saw that people were provided with enough to eat and drink. We looked at records that the service kept to monitor people's diet and fluids. We saw these recorded all diet and fluids given. Visitors we spoke with said that people were given enough to eat and they were "very" happy with the quality of the food. One person told us, "it's that good [name of person] has put on weight since moving in. I'm so grateful that [name of person] is now eating and enjoying the food".

Good

Is the service caring?

Our findings

People we spoke with and their relatives made many positive comments about the care provided by the service. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, "This is the best care home I've looked at". They explained that they had moved their relative from another home and were "delighted" with the care and support they now received.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when they provided support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. We saw staff laughing and joking with people and how people responded positively to this interaction. It was clear that people who lived in the service felt comfortable with staff and helpful, positive exchanges were observed frequently throughout the inspection. As an example we saw that the service had commenced "doll" therapy for one person. Doll therapy uses a doll to support a person living with dementia to have purpose to their day such as looking after the doll. We saw the person who was involved in this therapy was responding positively and was chatting to the doll and the staff throughout the day.

We saw one staff member approach two people who were sitting down. She brought them a variety of magazines and chatted to them about the contents of the magazines. As a result both people started talking to the member of staff and each other.

We saw that the staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected.

We saw people being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Good

Is the service responsive?

Our findings

People said that staff responded to them as individuals as an example one person told us that staff, "always listen" and act on what they want. Another said, "I feel as though they are there to help me". A relative told us, "It's a proper home from home, I am confident that staff look after my mother well and they actually care about her".

All of the care records we looked at showed that people's needs were assessed before they had moved in. Relatives confirmed that they had been involved in the assessment and describing the needs of their relatives before they moved in. Care plans were reviewed at monthly intervals or when needs changed. We saw that some people's needs had changed and this had not been always been reflected in the care plan. However in discussion with the staff they were aware of people's needs. The registered manager told us that the care plans were in a format that they were looking to change in order to make these easier to access. They outlined a number of plans that they intended to introduce in the future to make their care plans more effective.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us that if they had any concerns they went straight to the manager and it was dealt with immediately. The registered manager told us, the service does make sure that it investigates any complaints and takes appropriate action. The service had a complaints procedure that is included in the information given to people and their relatives when they moved into the service.

As the service was not large and the majority of staff have worked there for a number of years. All the staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were verbally informed when people's needs changed. Staff did say that they rarely accessed the care plans and relied on verbally communication and a formal handover each shift change.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. Visitors told us they felt they were consulted about the service and relatives' meetings were held.

Good

Is the service well-led?

Our findings

The home had a registered manager although there is no deputy we observed that senior staff were supportive of the registered manager. The registered manager's office is at the front of the building and we saw she was constantly interrupted by people as she frequently answered the door. The registered manager told us she was happy to fulfil this role but found it difficult to get on with the management of the service at times due to the interruptions. It is a busy home where relatives and professionals are welcomed and encouraged to be part of the lives of people who lived there. The registered manager informed us she was going to review the building and locate to a quieter place where she could work more effectively.

People and their relatives knew the management team well. They told us that they saw the management team often and felt comfortable speaking with them. People who lived in the home and their relatives felt confident that they could go to the registered manager, the registered provider or to any member of the staff and they would be listened to and their views acted on. Staff spoken with felt confident that they could approach either the registered manager or registered provider and that they would be listened to.

The provider sought feedback from the staff and people who used the service. Visitors we spoke with confirmed they had been consulted about the quality of service provision. The registered manager said that, where any concerns were identified, they were discussed with people who used the service and their relatives and improvements were made.

We saw that staff meetings were held on a regular basis and issues of concern noted and addressed. Staff told us they were informed of any changes which occurred within the service through staff meetings, which meant they received up to date information and were kept well informed.

The registered provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities with the exception of when DoLS orders were granted by the Local Authority. The registered manager apologised for this oversight and stated that a notification for granting of any DoLS order would be made in the future.

We looked at how the provider checked the safety of the service and saw that all relevant inspection checks, such as gas, electricity, lifts, hoist, fire equipment and electrical equipment were in place and updated in accordance with legislation.