

SCL Operations Limited

Linson Court

Inspection report

Dark Lane
Batley
West Yorkshire
WF17 5RU

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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

About the service

Linson Court is a residential care home which provides accommodation and personal or nursing care to adults with a range of support needs. The home can accommodate up to 40 people in an adapted building, across two floors. Each bedroom has en-suite facilities and there are lounges, dining rooms and bathrooms on both floors. At the time of this inspection there were 27 people using the service.

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

People told us they felt safe living at the home. People received support from a staff team who were recruited safely and knew how to safeguard people from the risk of abuse. People's medicines were managed safely. There were enough staff to keep people safe, though some people told us there were occasions when they had to wait for support. Infection prevention and control measures were in place.

We have made a recommendation about the provider's use of PPE in the kitchen area.

Staff received an induction and ongoing training, to ensure they had the right knowledge to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff, who knew people well. People were actively encouraged to be involved in decision making around their care. People's privacy and dignity was respected, and their independence promoted.

People received personalised care, which staff delivered in line with people's preferences. The provider had an appropriate system in place to manage and respond to complaints. People's relatives were being supported to visit the home, in line with government guidance.

The service had an open and positive culture. The provider regularly sought feedback from people and staff, in order to continuously drive improvement. The provider had appropriate governance arrangements in place, to assess the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Linson Court

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. 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

Linson Court 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who lived at the home, and two relatives, about their experience of the care provided. We spoke with 10 members of staff including the manager, associate practitioners, care assistants, activities co-ordinator and the chef.

We reviewed a range of records. This included two people's electronic care records, specific sections of three other care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. These records were used to support our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured the provider was using PPE effectively and safely. On the day of inspection, we found kitchen staff were not wearing masks in the kitchen area. A risk assessment was prepared by the provider, but this did not assess the risk to people of kitchen staff not wearing a mask while preparing food.

We recommend the provider consider the current government guidance on wearing masks within the home and review their practice accordingly.

Assessing risk, safety monitoring and management

- Systems were in place to identify, monitor and manage risks to people.
- Risks to people's individual health and safety had been assessed. This included risks associated with choking, the risk of falls and the safe use of bed rails.
- Care records contained detailed and up to date guidance for staff on how to support people safely.

Staffing and recruitment

- Staff were recruited safely. The staff personnel records we viewed contained appropriate background checks and, where necessary, risk assessments.
- There were enough staff deployed to keep people safe. The provider used a dependency tool to ensure there was a safe number of staff and had arrangements in place to cover shifts in the event of absence or sickness.
- We received mixed feedback from people and staff regarding staffing levels. Some people told us there were occasions when they had to wait for support. Staff told us they were very busy, but management were understanding of this and were providing support to the staff team.
- The provider told us they had reduced staff numbers, to reflect the current occupancy, in line with the dependency tool.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- People's medicines were ordered, stored, administered and disposed of safely.
- Staff responsible for administering medication received training and their competence to manage medicines was assessed. On the day of inspection, we found one member of staff's assessment was overdue. The provider assessed their competence immediately after the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse.
- People told us they felt safe living at the home. Comments from people included, "If it wasn't for the staff here looking after me, I don't think I would be here now. I feel safer here than I did in my own home", "I feel safe, I go to bed at night with a free mind" and "I feel safe here, the staff are always there."
- The provider had a safeguarding adults' policy in place, and staff we spoke with were able to identify different types of abuse and knew of their responsibility to report concerns immediately.
- Where incidents had occurred, referrals had been made to the appropriate agencies, such as the local safeguarding authority and CQC.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately.
- The manager analysed accidents and incidents on a monthly basis, to try to identify and themes or trends and make continuous improvements to the service. The manager shared any learning from accidents and incidents with staff through clinical governance meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were assessed and reviewed on a regular basis.
- People had electronic care records, which recorded the support they required and their preferences for how they would like their needs to be met.
- Information about changes in people's care and support needs were shared with staff, through daily handovers and alerts on the electronic care planning system.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills, knowledge and experience to meet the needs and preferences of the people they care for.
- New staff underwent an induction and all staff completed a mandatory training programme, in a range of different topics. Staff told us they received supervisions and appraisals, which they found helpful and informative.
- The provider had invested in the development of staff. The manager told us the provider was funding a staff member's associate practitioner course at university and planned to offer this to other staff members.

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

- Records we viewed detailed people's needs around food and fluids. Diet notification sheets were completed for each person, identifying allergies, personal preferences and any dietary requirements.
- Staff demonstrated a good understanding of people's dietary requirements and there was plenty of food and drinks available throughout the day.
- We received mixed feedback from people about the meals. People told us, "The meals are good. You can have what you want for breakfast", "The food is alright. I can't eat certain things, but the cook knows what I can have" and "I don't like the food, it's old fashioned."

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

- People were supported to receive timely access to healthcare services.
- Records showed the home worked in partnership with other professionals involved in people's care, such as speech and language therapists and general practitioners.
- Staff gave examples of when they would seek input from health professionals for people and several people told us staff had contacted a doctor for them, when they needed to see one.

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

- The home was well-maintained and appeared clean, bright and airy. On the day of our inspection, there were Halloween decorations hung on the wall in the downstairs foyer.
- At the time of our inspection, some people in the home were living with dementia. There was a lack of dementia friendly features in the home, to support these people to maximise their independence. The provider told us they intended to review this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported within the principles of the MCA.
- Care records demonstrated that, where required, people's capacity to consent to their care had been assessed and best interest decisions were made. The decision-making process included the person and their representative, as well as interpreters for people whose first language was not English.
- One person told us, "[Staff] always ask before they provide care and they treat me with respect."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by kind and caring staff and their equality and diversity needs were met.
- People told us, "[Staff] are absolutely brilliant, I would recommend them to anyone. I can talk with any of them", "[Staff] are very kind. Anything you ask for they will put themselves out to get it" and one relative told us, "The staff are marvellous, they've been lovely, we can't fault the care. The staff were loving towards [our relative]."
- Care records we viewed contained detailed information about how to meet and promote people's individual cultural needs. The home had also employed a Gujarati speaking staff member, to ensure people were communicated with in their first language.

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

- People were supported to express their views and make decisions about their care, wherever possible.
- Records demonstrated people and their representatives were involved in decision making, including completing satisfaction surveys and attending resident and relative meetings.
- Staff gave examples of when and how they ensure people are given choice and control over their day to day life. One staff member told us, "I give people choices of what they want to wear, what they'd like to eat and what they'd like to do. I ask with everything, even if it's in terms of which way they would like to face when being turned."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff.
- People told us their privacy was respected and their independence promoted wherever possible. Comments included, "[Staff] treat me with respect", "I have confidence in myself and I value my independence. [The staff] let me do things for myself" and "[Staff] listen to me."
- Staff demonstrated a good knowledge of people's preferences for the gender of staff who support them and were aware of people who required additional support to maintain their dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which met their needs.
- People had a personalised care plan which contained detailed information about people's hobbies and interests, wishes and preferences. Care plans were reviewed regularly, in consultation with people and their representatives, to ensure any changes were accounted for.
- Staff knew people's preferences well and gave examples of how they support people in accordance with their likes and dislikes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS.
- People's communication needs were assessed and detailed in their care plans. For example, one person's care plan stated 'Any letters should be read out in [person's] first language. For staff who can't speak Gujarati, they should use picture cards to aid communication.' Care records for this person demonstrated they had also had input from an interpreter when their capacity was assessed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities.
- On the day of inspection, we observed visits to the home taking place in accordance with government guidance. People told us they were receiving visits from family and going out to local shops on a regular basis.
- We observed a programme of activities taking place on the day of inspection. However, we received mixed feedback from people about the activities on offer and some people told us they had not been asked to participate. Comments included, "I don't find it very stimulating", "No one told me [about bingo], I like bingo" and "I've not been invited to activities."
- The provider had recently recruited an activities co-ordinator, who intended to meet with people and find out what activities they would like to participate in.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record, investigate and respond to complaints.

- Records showed concerns raised by people had been addressed in a timely manner.

End of life care and support

- Although at the time of our inspection the service was not providing end of life care to anyone, staff had experience of caring for people at the end of their lives. One relative told us, "[Staff] had kept the music on in the background and placed flowers on the table", after their relative had passed away.
- Care records showed people's end of life wishes, including how to meet their cultural and religious needs, had been discussed and recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had an open, inclusive and positive culture.
- People spoke positively about the manager, who had recently joined the service, and told us they thought the home was well managed. One person told us, "I know the manager, she's nice. I can talk to her. She comes around to all of us, every day."
- Staff told us the manager was supportive and approachable. Comments included, "I feel I can be open with [the manager]", "[Management] are absolutely fantastic, the teamwork amongst the staff and management is absolutely brilliant" and "[Colleagues] are absolutely brilliant. The manager is really approachable as well."
- The duty of candour requirement to be open and honest in respect of certain events had been complied with by the provider.

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

- Management and staff were clear about their roles and responsibilities. At the time of our inspection, the home did not have a registered manager in post. A manager had recently been appointed and intended to register with CQC.
- The provider completed a monthly programme of audits, to support them in identifying areas for improvement. Where improvements were identified, they were acted on accordingly. A home improvement plan was in place, which was regularly reviewed and updated by the manager, who maintained oversight of the progress.
- The provider understood their regulatory requirements. Records showed the provider had reported events appropriately to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and their relatives through a combination of surveys, meetings and regular reviews. This information was analysed by the manager, who had developed an action plan to address the feedback.
- Staff had opportunities to provide feedback about the home through a range of meetings such as, regular 'flash meetings', team meetings and departmental meetings. Staff we spoke with told us they felt able to

raise concerns and they would be listened to.

- The service worked effectively in partnership with relevant health and social care professionals, to ensure people's needs were met.