

Exmouth Care Ltd

Linksway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Linksway is a care home registered to provide accommodation and nursing or personal care for up to 24 people. The home provides accommodation over two floors. There were 15 people using the service at the time of the inspection.

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

Medicines were not always managed safely, or in line with the providers medication policy. This related to the completion of medicines administration records (MAR), the administration of external/topical medicines and the disposal of medicines. In addition, improvements were needed to the providers medication policy to ensure its relevance to the service being provided.

Improvements were needed to the management of risk. Documentation and recording did not consistently reflect the care being provided, and staff did not always have the knowledge and skills to support people to change position in line with their individual needs.

People were at risk because care plans did not provide the detailed information staff needed to meet their needs in line with their preferences. For example, there was no care plan to advise staff how best to support a person experiencing frequent periods of distress. There was no specific information in care plans about people's communication needs and care plans were not available in different formats, for example large print.

The majority of these issues had not been identified by the providers governance systems which meant they were not fully effective. Action previously taken to address concerns about staff practice had not always led to improvements, for example related to the recording of care provision.

The registered manager promoted a culture of openness and honesty. They were open and transparent during the inspection and took immediate action in response to concerns raised. This included seeking advice from external health professionals, addressing concerns with the staff team and improving policies, processes and monitoring systems.

Overall, people and relatives spoke highly of the quality and safety of the service. Comments included, "Staff take marvellous care of me. I am very happy here" and, "Oh, yes he's very safe, it's all fine, I can't fault them". People's outcomes demonstrated risks were well managed overall, with improvements in physical health conditions.

Staff told us they felt valued and happy working at the service. They felt well supported and were passionate about their role. There had been a successful overseas recruitment programme. The Provider Information Return (PIR) stated, "This has provided our staff with an opportunity to learn about different backgrounds, religions, and experiences of our new staff members." Some staff did not have English as a first language, so

received individual support to ensure their induction and training was meaningful and accessible to them.

A newly recruited enabler was in post. They were in the process of developing a person-centred activities programme, incorporating group activities and individual time with people.

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.

Regular health and safety checks were undertaken at the service. Some improvement was required to the infection prevention processes, and this was made immediately. A programme of refurbishment was in progress. A robust risk assessment ensured measures were in place to minimise potential risks to people, visitors and staff. People were protected from the risk of abuse through the provision of policies, procedures and staff training, and an effective recruitment process.

Staff had a clear understanding of the process for managing and reporting accidents and incidents and were using it effectively. Information was reviewed and analysed by the registered manager and provider, and action taken where required, to prevent re-occurrence.

Staff made prompt referrals to relevant healthcare services when changes to health or well-being had been identified. The service worked closely with health and social care professionals to ensure people's health needs were met. We spoke to visiting health professionals during the inspection who spoke positively about the responsiveness and effectiveness of the service.

The service worked closely with health and social care professionals to support people at the end of their lives. This ensured people's needs and preferences were understood and met, and they and their families were supported.

People, relatives and staff were invited to express their views of the service through quality assurance surveys. The information from the quality assurance processes was used to drive improvements at the service. Complaints were managed in line with the providers complaints policy.

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 March 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the

end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Linksway on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe management of medicines, the monitoring and mitigation of risks, recording and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Linksway

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector; a specialist advisor, whose specialism was nursing care; and an 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

Linksway is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Linksway is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 16 March 2023, to help plan the inspection and inform our judgements.

During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, nursing staff, care staff, maintenance staff and the cook.

We reviewed a range of records. This included 11 people's care records and 16 medicine administration records. We looked at 4 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we received feedback from 4 external health and social care professionals who work with the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Improvements were needed to improve the safety and effectiveness of medicines management and administration systems.
- Medicines administration records (MAR) were not consistently completed in line with the medicines policy and best practice guidance.
- There was no consistent guidance in place related to the application of external/topical medicines. Their application was not always recorded.
- Medicines were not always disposed of in line with legislation.
- There was a general medicines policy in place. This had not been personalised to reflect the service and did not include all relevant aspects of medicines administration, such as diabetes and end of life.
- Checks were completed to promote the safety of medicines administration, but these were not fully effective because they did not identify all of the issues we found.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- We discussed our concerns with the registered manager who took immediate action to address them, prompting staff; improving documentation and reviewing the medicines policy.
- Medicines were administered by trained nurses, and checks were carried out to ensure their continued competence. Further training had been arranged as required, for example syringe driver training.
- Care staff were undertaking training to enable them to support nursing staff in the administration of medicines needing additional security.
- There were processes in place to investigate any medicines errors and action taken to minimise the risk of recurrence.
- Following the inspection additional external checks by the registered manager from the providers other location were introduced. This aimed to improve the oversight of medicines administration.

Assessing risk, safety monitoring and management

- Improvements were needed to documentation and recording, to ensure this accurately reflected the care being provided, for example when people were being supported with repositioning. This meant it was not always possible to determine whether people had received the support they needed to keep them safe and meet their needs.
- Improvements were required to manual handling to ensure people were supported to change position in

line with their individual needs. For example, when assisting a person sitting in a slumped position using a slide sheet.

The failure to monitor risks, and ensure staff had the skills to support people safely, is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- We discussed our concerns with the registered manager. They were aware of the issues with recording and had already raised it with staff at a team meeting. They undertook to reinforce this.
- Risks related to manual handling were immediately addressed through additional online training for staff and the development of a manual handling risk assessment.
- People's outcomes demonstrated risks were well managed overall. For example, there were no people with pressure ulcers at the service. People with conditions such as diabetes and Parkinson's disease had improved since they had moved to Linksway. Feedback from one relative stated, "[Family member] made huge progress both as regards their leg ulcers and general health during their stay at Linksway." Another relative told us, "[Family member] is doing really well. They were on 'end of life' in hospital."
- People's weight and nutritional intake were monitored by staff; and relevant healthcare professionals involved if required. A relative told us their family members risk of choking was "now improved, he's seen a speech and language person".
- Any risks associated with nutrition were understood and well managed. The cook received up to date information concerning any individual risks and knew how food should be prepared to minimise them, for example related to malnutrition, choking or diabetes.
- Hydration was promoted and monitored. The registered manager was in consultation with the dietician about how this could be more accurately recorded and further improved, for example with fluid filled foods such as pureed fruit.
- The environment was safe. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained. Emergency plans were in place.
- An extensive refurbishment programme was in progress at the time of the inspection. The improvements promoted people's safety, for example radiators which were cool to touch but warmed the room, and lights activated by movement. A robust risk assessment had been carried out prior to the works commencing, with measures to minimise any potential risks and disruption to people, visitors and staff.
- The service worked in partnership with external professionals, such as social care professionals, community nurses and GPs to support and maintain people's long-term health and well-being. One professional told us, "The nurses are keen to highlight any problems/concerns with patients on arrival and will offer assistance if needed for the treatment of their patients. They will often ask our advice concerning patients that are not on our caseload as to whether a referral is needed. They are happy to take advice and treat as per plans set by my team. They will contact us for remote advice and, or if, there are any changes in presentation or symptoms for the patients."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. They responded immediately to address concerns raised about the hygienic storage of some equipment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with care staff who supported them. They told us, "Staff take marvellous care of me. I am very happy here" and, "Yes, I feel safe".
- Staff received training in safeguarding. They understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe.
- There were systems and processes in place at the home to ensure people were protected from harm. The provider had responded promptly to any safeguarding concerns raised, working with the local authority and other external agencies to keep people safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People and relatives were positive about the knowledge and skills of the staff supporting them. One relative told us they were confident staff were trained to meet their family member's needs, adding, "Oh, yes he's very safe, it's all fine, I can't fault them."
- The provider had successfully recruited a number of staff from overseas. They had personalised their induction process for each new member of staff to support their learning. This took into account their different backgrounds and experience, and the fact that English may not be their first language. They had slowed down the number of new admissions to the home to ensure new staff had the time to embed their learning and settle in.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included criminal record checks to make safer recruitment decisions and obtaining references from previous employers.
- People and their relatives had mixed views about whether there were enough staff employed to meet their needs. The majority of people we spoke to told us staff were quick to respond when they rang their call bell and attended to their needs promptly. We observed staff spending time with people, manicuring their nails and taking them out into the garden.
- The providers had trialled the use of a dependency tool to calculate the number of staff required to meet people's needs but did not find it was necessary. The registered manager told us they were overstaffed, with staffing numbers more than adequate to meet the needs of the 15 people living at Linksway. Any potential new admissions were carefully considered to determine the level of care the person required.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- This inspection had been triggered by a monitoring call, which had identified a number of areas for improvement. The provider and registered manager had used the feedback to improve the quality and safety of the service. They had developed an action plan with clear time frames, which had almost been completed by the time of the inspection.
- Staff knew how to deal with accidents and incidents, what action to take and how they should be recorded. Accidents and incidents, complaints and safeguarding concerns were analysed by the registered manager and providers to identify any patterns or trends, or further action needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people's needs were not always met.

Meeting people's communication needs. Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed that staff supported people with communication, for example writing things down for them. However, there was no specific information in care plans about people's communication needs. In addition, care plans were not available in different formats, for example large print.
- The service used a paper-based care planning system, with much of the documentation being handwritten. Care plans were kept in people's rooms and contained minimal information about people's support needs and personal preferences. This meant there was a risk staff may not have the information they needed to meet people's needs in line with their preferences. For example, there was no care plan to advise staff how best to support a person living with dementia, who experienced frequent periods of confusion and distress.

The failure to maintain an accurate and complete record of the care and treatment provided to each service user is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- We discussed our concerns with the registered manager who took immediate action to review and improve the care plans. They advised they did not complete a full care plan on admission because people tended to stay for a short time due to a rapid improvement or decline in their health. They recorded basic care needs initially, with nurses completing a more detailed care plan over time. They undertook to talk with the provider about providing care plans in different formats.
- Care plans were reviewed monthly by the nursing team, or as people's needs changed. People and their relatives were encouraged to be involved in this process if they wished.
- People told us staff had a good understanding of their needs and preferences. For example, a relative told us their family member became distressed if left alone. Staff were aware of this, so the person didn't go to their bedroom in the evening until they were tired and ready to sleep.

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

- A newly recruited enabler was in post and working 5 days a week. They told us they were in the process of getting to know the people living at the service and introducing themselves to families and friends.
- The enabler had been tasked with completing a 'This is Me' document, with people and their relatives. This recorded information about people's background, interests and preferences, and activities people would benefit from and enjoy. People were also invited to put forward their ideas using a suggestion box.
- The enabler organised group activities in the mornings and spent individual time with people in the afternoons. Activities included exercise, singing, planting herbs for the garden and aromatherapy massage. A newsletter was being developed to inform people about activities, events and birthdays.
- The provider advised that in addition to the enabler, sufficient staff were employed to spend 1 to 1 time with people and we saw this happening during the inspection. People were supported to spend time in the garden and were having their nails manicured.

Improving care quality in response to complaints or concerns

- Complaints and concerns were managed appropriately in line with the providers complaints policy. Action had been taken in response to complaints, to minimise the risk of recurrence. Outcomes were shared with the staff team to promote reflection and learning.
- The provider information return (PIR) stated, "All staff have had communication training, and understand that they should escalate any concerns to the Nurse in charge or manager." A relative told us, "If I am not happy, I tell them (staff) and they sort it."

End of life care and support

- Staff worked closely with the hospice to ensure people received the care they needed at the end of life, and to support families. Written feedback from a relative stated, "It's a comfort to me to know [family member] was so well looked after at the end."
- The registered manager told us people and their relatives often didn't want to discuss their wishes for the end of life, so this subject was broached sensitively. Families were welcome to stay with their family member for as long as they wanted to.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were comprehensive governance processes in place. However, they were not fully effective as they had not identified all of the issues we found, for example related to unsafe medicines management, the management of risks and care planning.
- Staff meeting minutes showed action had been taken to address concerns when they had been identified. This had not always led to improvements however, for example related to the recording of care provision.

The failure to assess, monitor and improve the quality and safety of the service put people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- A programme of formal audits was carried out by the regional manager, directors and registered manager looking at all aspects of service provision. The findings from the audits were used to develop a performance improvement plan based on CQC's key lines of enquiry.
- The registered manager conducted daily 'walkarounds' at the home, monitoring the environment, talking to people and observing the support being provided. They spent time working alongside the staff team 'on the floor' on both day and night shifts. This was an opportunity to observe staff practice, provide feedback and identify where improvements were needed.
- In addition to managing the service, the registered manager was supporting the new nursing staff to embed their knowledge and skills. She told us they were doing 'really well', developing the confidence to take the initiative and work more independently.
- The provider was in the process of recruiting a deputy manager, to support the registered manager in the running of the service.
- The provider was considering different electronic care planning systems, to improve information sharing, consistency and oversight of the support provided.

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 provider and registered manager promoted a positive and inclusive culture with person centred care at its heart. The registered manager told us "We are trying to make sure everybody feels it's their home. Some people are very poorly, and there is the safety aspect of making sure everything is in place medically. This can take the homely feel away slightly. The carers care a lot about the residents."

- The registered manager was open and transparent during the inspection, and in relation to concerns raised. They welcomed feedback and acknowledged where improvements were needed. They encouraged staff to do the same, and view identified areas for improvement as a learning opportunity.
- The provider understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They had made notifications and referrals to external agencies appropriately and been open and honest with people when things had gone wrong.

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

- Overall people and their relatives were positive about their communication with the registered manager and staff team. The registered manager rang relatives to update them about their family member on a monthly basis. A residents/relatives meeting had been proposed, but people did not want to pursue this option.
- Quality assurance surveys were carried out with relatives, residents and staff, asking them for their views about the service. Action had been taken in response to feedback, for example related to staff suggestions about the timing of face-to-face training, to make it more accessible to the staff team.
- Staff told us they were well supported and felt valued. Comments included, "I'm happy at Linksway. I like the way its run. It's well organised. The Managers have time for you. They are very helpful. They compliment you and help you to learn things" and, "[Registered manager] is very nice. If I have any problems, they are always happy to help."
- A range of methods were used to ensure staff were kept informed about developments at the service. This included staff meetings; a confidential social media group; staff supervisions and email.
- The Provider Information Return (PIR) stated, "We have continued to have a successful overseas recruitment program, that has provided the home with a wide range of ethnicities and religious backgrounds. This have provided our staff with an opportunity to learn about different backgrounds, religions, and experiences of our new staff members." The registered manager was mindful that some staff did not have English as a first language. They were supporting them to develop their communication, explaining English phrases and colloquialisms they could use when talking to people using the service.

Continuous learning and improving care; Working in partnership with others

- The management team promoted continued learning at the service in order to improve care. This was evident in their response to feedback given during this inspection and the monitoring call which preceded it. Issues raised were addressed immediately with the staff team and any learning shared with staff at the providers other location.
- The service worked closely with external professionals to improve the care and support provided to people. For example, they had been following guidance and recipes from a community pharmacist, about how to use build up drinks to fortify the nutrition in foods. They had also begun to work with the local authority quality assurance and improvement team, (QAIT) to improve the processes at the service.
- Best practice had been considered when planning the refurbishment of the building. This promoted environmental safety and people's independence. For example, dementia friendly furniture, cool touch radiators and movement activated lighting. An open lift was due to be installed, to help people to manage feelings of claustrophobia.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure the safe and proper management of medicines. Risks were not effectively monitored. Staff did not always have the skills to support people safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to maintain an accurate and complete record of the care and treatment provided to each service user. The provider failed to assess, monitor and improve the quality and safety of the service, which put people at risk of harm.