

Bupa Care Homes (PT Links) Limited

The Links

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Links is a purpose built residential care home providing personal and nursing care to up to 68 older people some of whom are living with a dementia. At the time of our inspection there were 66 people using the service.

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

Staff worked closely with people and their families to find innovative approaches to providing outstanding person centred care that reflected a person's unique history, culture and diversity. We observed exceptional staff engagement that showed people were consistently put at the heart of the service. Social activities were inclusive, varied and representative of the diversity of people and the staff team at The Links. People received high quality care at the end of their lives with staff ensuring people and their families felt cared for and that everything to meet a person's last wishes were achieved.

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.

The service was exceptionally well led. Staff were highly motivated and able to share many examples of achieving exceptional, positive outcomes for people. A strong emphasis was placed on staff wellbeing and was reflective in the positivity and energy of the staff team. People, families and the staff team were engaged in the service and able to be involved in events that were inclusive and reflected the diversity of both people and the staff team. Quality assurance systems and processes had been effective at sustaining outstanding standards with innovative ideas being researched and trialled to continually ensure best practice.

People felt safe. Staff understood their role in recognising and reporting any concerns of abuse or poor practice. People had their risks understood and agreed actions to mitigate any avoidable harm were being carried out, monitored and regularly reviewed. People had their medicines administered safely. There were enough staff with the right skills and experience to meet people's needs. Recruitment practices were robust ensuring staff were suitable to carry out their roles.

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 outstanding (published 10 October 2018).

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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

The Links

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 4 inspectors and a pharmacist.

Service and service type

The Links 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. The Links 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 on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided. We spoke with 16 members of staff including the regional quality manager, regional director, registered manager, nurses and care staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We observed periods of time when people were unsupervised in some communal areas. This included a person who had become agitated when a fire alarm test was being undertaken. We discussed this with the registered manager who put actions in place, to ensure staff deployment was appropriate. This included a staff member who was with people in communal lounges throughout the day.
- Staffing levels met the care and support needs of people and were responsive to people's changing needs.
- Staff had been recruited safely. Checks included verified references, full employment history, health screening and Disclosure and Barring Service, (DBS), checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe. One person told us, "I love living here, the staff are kind; I just feel safe."
- People were supported by staff that had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice.
- A safeguarding tracker was in place that provided clear management oversight of safeguarding issues, correct reporting to external agencies, actions identified and outcomes.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored and regularly reviewed. Staff knew people well and the actions needed to minimise identified risks whilst respecting people's rights and freedoms.
- Staff had taken part in scenarios of potential emergency situations. Examples included a heating failure, flood and a gas leak.
- People had personal emergency evacuation plans in place that provided key information to emergency services should they need to be evacuated from the building.
- Staff had completed fire training which included taking part in fire drills. Fire equipment was regularly checked and serviced.
- Records demonstrated that health and safety checks had been completed on key equipment such as hoists, electrical equipment and lift.

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. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Staff recorded when people's medicines were administered, and these records showed that people received their medicines as prescribed for them.
- If medicines were prescribed to be given 'when required' there were person centred protocols to guide staff when these would be needed.
- There was guidance for staff on applying creams and other external preparations. Risks for the use of flammable products were assessed and considered, but only for people who were smokers.
- Medicines incidents or errors were reported and investigated. Improvements had been made to try to prevent reoccurrences, and the number of incidents were reducing. Regular audits and more checks had been put in place. Staff giving medicines had all been rechecked to make sure they administered medicines safely.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing cold storage or extra security.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- The home was fully open to visitors with no restrictions in place.

Learning lessons when things go wrong

- Accidents and incidents were analysed to identify trends and any learning. Weekly clinical meetings and daily 'huddle' meetings with staff teams provided opportunities to share best practice guidance, discuss medical advice and alerts.

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 outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff knew people exceptionally well and were knowledgeable about their care and support needs, lifestyle choices and preferences.
- People and their families had opportunities to be involved in planning care. When people had communication challenges, staff found ways to ensure they had choice and control over decisions such as the use of flash picture cards and trialling braille. A relative told us, "The level of care is terrific they are caring. I take a copy of the (care and support plan) so I have something to talk about when I ring (relative) and it prompts and helps with conversations even though (they) don't remember if we talked or not."
- Some people had 'conversation boards' titled "my life story" in their rooms. Families had provided photographs and memorabilia which provided a wealth of information about a person's life and interests. A staff member told us, "Picture boards in rooms have made a really big difference. We can incorporate into our conversations. Perhaps if somebody is feeling low in mood we can talk to them about a happier time; perhaps a place they travelled too."
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed exceptional staff engagement with people that demonstrated outstanding person centred values. A family member told us, "(Relative) is living (their) best life at The Links. (They) are happy and content. (They) are like a different (person). (They're) feeling better about (themselves), caring about (their) clothes. Had lost interest but now has been energised; (they're) back to how I know (them)."
- We saw excellent understanding of how celebrating culture and diversity can impact care decisions and wellbeing. Social events at the home were varied and celebrated people's differences. Staff promoted awareness through events that people, their families and the staff team enjoyed together. Examples included, for India day inviting staff and family members in with traditional saris for residents and staff to try on, and an Indian feast and for the pride event having a party with entertainment, flags and dancing. Feedback collected post events was that it brought joy to residents and unlocked past memories from childhood.
- The service takes on a key role in the community, establishing links with local primary and pre-schools. Staff applied the "One Good Turn" research into practice. Inter-generational events and friendships had taken place and included staff families and children from the local community. One child, who had made grand friendships, requested their birthday celebrations with her 'older' friends and people had enjoyed birthday cake and a magic show.
- Using research from the Alzheimer's society and articles from the RNIB Alexa Echo Dots had been used in a

variety of ways to make a significant difference to people's wellbeing and independence. One person, who is blind, had shared, 'I find it especially reassuring at night as I can ask Alexa what time it is rather than call staff'. Another person often became unsettled in the evening. Staff now put on easy listening hymns which the person relaxes and sings along to. This has led to a reduction in the persons unsettled periods. We read how one person called Alexa their life saver, stating 'when having a down day Alexa helps me think about other things and soon I'm back to being my cheerful self.'

- Staff were innovative at finding ways to deliver person centred care and worked closely with people and their families in finding ways to achieve outstanding outcomes. Examples had included working with a family in replicating the bedsit a person had lived in prior to moving to The Links, resulting in them finally settling and feeling 'at home'. Another person struggled to sleep at night as felt lonely. The staff came up with the idea of a robotic cat that replicated a cat they had loved at home. Staff told us the person is now enjoying cuddles and a better night's sleep.
- We met one person who had a collection of dolls they proudly showed us. Staff had found a second hand pram the person had reminisced about and had taken them to collect it from a local shop. The person was overwhelmed with joy and happiness telling us, "I never believed it when (staff) told me, it's a dream come true."
- Links with the community had included supporting local charities and taking part in acts of kindness. This had included people and the staff team doing a sponsored walk to raise funds for MacMillan Cancer Support. During COVID pandemic people and staff left gifts of plants randomly in the local area to let the community know The Links cared.

End of life care and support

- People received excellent care at the end of their lives. People's last wishes were known and reflected in the care they received. We read of a person who had wanted a rock and roll party and an Alexa was placed in their room to ensure it happened. Staff thickened a glass of wine so that they could enjoy it safely. A member of staff told us, "One person, before (they) passed, I went to see every day to brush and pin their hair the way they liked it and it made (them) smile."
- A comfort box had been created for people and their families which included items such as a fluffy blanket, toiletries, aromatherapy diffuser, LED candles and pens and pads.
- The registered manager had created a home specific bereavement book offering both practical and spiritual advice and help.
- Staff were experienced in end of life care, shared learning and worked closely with community palliative care teams. In response to reflective learning, alongside Marie Curie guidance, the home had created a guest suite which provided overnight accommodation for families. The suite included facilities for drinks, snacks, bath robes, toiletries and meals if needed.
- People's spiritual needs were valued and respected. The home had links with a range of faith groups who they were able to call upon where needed.

Meeting people's communication needs

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.

- Peoples communication needs were known to staff which meant they had access to information in formats that reflected their communication needs. This included large print, picture format and if needed languages other than English.

Improving care quality in response to complaints or concerns

- A complaints process was in place and records demonstrated that complaints were managed in line with the process and learning shared with staff.
- People and their families told us they would feel confident that any complaints they raised would be dealt with appropriately by the registered manager.
- Complaints leaflets and posters had been displayed around the building providing visitors with details of the complaints process. This included details of the local government health and social care ombudsman.

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 outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive Leaders and the service culture they created continued to drive and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their families and the staff team consistently spoke of outstanding leadership that was visible and wholly focused on people receiving exceptional care. A relative told us, "(Registered manager) is outstanding and is always there, even in the evening. Very much leads by example, very much engaged with the residents and treats people as individuals." Another said, "(Registered manager) is fantastic, has got the experience, is easy to talk with and really on the ball."
- Staff were highly motivated, spoke passionately about the people they cared for and provided many examples of shared ideas and teamwork that had led to outstanding creativity in achieving positive outcomes for people. A staff member told us, "Staff are motivated and happy, we are encouraged to express ourselves. (Registered manager) always listens, gives staff confidence to try new things." Another said, "We all have different ideas and between us we get good results for people."
- People and their families consistently described the culture as open and honest and praised the positive, happy, can-do culture. A relative told us, "Staff get on with their jobs happily which is indicative of a well-run home." Another said, "The staff are happy, and it really makes the difference."
- The registered manager placed a strong emphasis on investing in the staff team's wellbeing. Staff were fully engaged in sharing ideas and skills that benefitted their colleagues, celebrated diversity and provided a culture of empathy and kindness. A staff member told us, "Staff love the wellbeing days and even come along on their days off. Staff mental health is respected." Wellbeing events ranged from a staff member providing reiki, meditation sessions, fresh fruit being provided in the flu season to boost immunity and in carers week the registered manager making fresh pasties for the staff team. A staff member told us, "We support staff experiencing the menopause." An example included a hairdresser providing hair-up styles to keep hair out of the way. They told us, "It helps with symptoms and makes them feel better."
- We observed staff happy and confident in their roles, enthusiastic about expanding their skills through opportunities such as champion roles, leading on projects such as falls management, and whole heartedly embracing new learning and ideas.
- The registered manager understood the importance of respecting staff diversity and ensuring work practices enabled staff to participate in religious, spiritual and cultural events that were important to them. This had included adjustments to staff rotas to accommodate staff attending religious services of varying faiths and arranging breaks around prayer times.
- Records showed us that the outcome of outstanding staff engagement, inclusion, staff motivation and commitment had resulted in low staff absence and high levels of staff retention.

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 registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.
- Staff understood the importance of being open and honest and records showed us accidents and incidents had been recorded, reviewed and used to improve practice through actions and learning. The deputy manager described an example where there had been an issue with diabetic care. A whole team approach had been used to improve practice which included additional training for clinical and senior staff and a clinical progress meeting being introduced which had accessed NICE guidance to develop best practice guidance.

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 focused on sustaining an outstanding service. Quality performance was monitored through a range of audits and surveys which captured the voice of people, their families and the staff team.
- Performance data had been analysed to identify areas where outcomes for people could be improved. An example was a project to look at reducing falls. A whole team approach was adopted using staff and family knowledge of people to identify bespoke solutions to managing individual risks. Records demonstrated this had led to a substantial decrease in monthly recorded falls.
- The service continually strived to sustain outstanding care with a management team focused on being involved in innovative projects. This had included piloting for the BUPA group a 'Customer First' training initiative. The home also produced a video to support the project. The whole staff team undertook training which included experiencing walking in the shoes of people using the service. Staff feedback included, "I changed my practice in ensuring I go at the resident's pace and allow the resident to be in control." Throughout our inspection we observed staff putting into practice people first by providing outstanding engagement and putting the person at the centre of everything they did. The success of the project had been reflected in a resident satisfaction survey. A total of 78% of people completed the questionnaire with an overall satisfaction result of 100%.
- A range of learning styles had been used to develop learning and improve care. An example included a 'hazard' room that had been created which included 22 potential falls hazards." The hazard room had been created as part of a wider project aimed at reducing the number of falls in the home and provided a safe learning space for staff providing practical examples of risk. A bedroom had been set up with a range of potential fall hazards, including walking aids out of reach, poor lighting and brakes not applied to a stored wheelchair. A staff member told us, "It's not a test but a fun way to increase awareness and knowledge."
- The management team had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

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

- The leaders took a whole staff approach in designing their visions/values titled 'philosophy of care' statement. Staff collaborated on what was important and clearly demonstrated their commitment to people being at the heart of the service. The statement reflected the person centred care we observed. A staff member told us, "I believe in the values, and we live up to them here. I come here happy every single day, we have sad days and bad days, but we have an exceptional manager who manages the workplace well and it makes (staff) happy."

- Creative ways to involve and engage people, staff and families in the service included events that were inclusive, inter-generational and reflected the cultures and diversity of people and staff. Examples had included an army jeep day, Italian and Caribbean days. These events demonstrated a strong commitment to engaging with people and staff and ensuring everybody felt included and their lifestyle and history respected.
- People had opportunities to be involved in decisions about the service and its development. Examples included the creation of a new communal garden. People shared their views of what they would and wouldn't like, how they would like to use the space, how they could participate and accessibility. A further area was in the planning stages of a dementia friendly garden. People and their families had been sharing ideas and wanted the focus to be on nature. Ideas included a squirrel play area and fishpond.

Working in partnership with others

- The service as a whole were focused on sustaining outstanding practice through research and consultation with professionals and organisations that reflected best practice and innovation. Examples included referencing articles from the Dementia Care Journal on garden design, consultation with Marie Curie on end of life care and charities such as the RNIB for support with specialist care issues.