

Central Bedfordshire Council

Linsell House

Inspection report

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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: Linsell House is registered to provide accommodation and personal care for up to 16 people with learning disabilities. Linsell house also provides regular respite care for people. At the time of inspection, 12 people were living at the service, and another 4 people were using the respite service. The care service has not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people using the service were supported to be as independent as they could be, and regularly access the community.

People's experience of using this service:

- People received safe care. Staff understood safeguarding procedures.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Medicines were stored and administered safely.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people likes dislikes and preferences.
- People were able to take part in a range of activities and outings.
- People and their families were involved in care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.
- Audits of the service were detailed and robust, and any issues found were addressed promptly.
- The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 18/08/2016).`

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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 ●

Linsell House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Linsell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Inspection site visit activity started on 4 March 2019 and ended on 4 March 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

Many of the people using this service were not able to verbally communicate with us, However, we were able to meet several people and speak briefly with one person. We observed staff interacting with people, providing care and activities. We also spoke with one relative of a person who used the service, two staff

members, the respite manager, the cook, and the registered manager.

We looked at the care records of two people who used the service, and we undertook a tour of the premises. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- Telephones were placed throughout the service, with one touch buttons that would dial the numbers of the local authority safeguarding team, the Care Quality Commission, and the registered manager. Both staff and people using the service were encouraged to use these phones should they need to contact anybody regarding safeguarding concerns.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to support any risks that were present. These included assessments to ensure that people could be moved and hoisted around as they required.
- People's ongoing health was monitored closely and risk assessments were followed to ensure that people's care was safe, and promoted their wellbeing.
- Staff we spoke with were confident in supporting the people living at the service, and providing safe care and treatment.

Staffing and recruitment

- There were enough staff on shift to safely support people. The relative of a person we spoke with confirmed that staffing levels were consistent, and their relative always got the care they required.
- Our observations on inspection were that people received the care they required promptly.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. The service was preparing to move to an electronic based medicines administration system, which staff would be trained in.
- Specific guidelines were in place for the administration of each person's medicines, which included information about what each medicine was used for, and any possible side effects.
- Regular competency checks and observations took place to ensure that staff continued to administer medicines safely.

Preventing and controlling infection

- The home was clean, tidy, and fresh, and staff undertook training and were fully aware of their

responsibilities to protect people from the spread of infection.

- The kitchen that prepared the food for people had been given a five out of five star rating by the local authority food hygiene inspection team.

Learning lessons when things go wrong

- The registered manager checked and analysed incidents and accidents and used them as learning opportunities for the whole staff team to try and prevent any further occurrences
- 'De-briefing and reflection' practice took place after any incident. This enabled staff to discuss what went wrong and what could be learnt from the experience.

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

Good: 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

- The management team made sure they fully assessed a person's needs before care was offered. This ensured there were enough staff, with the right training, to meet people's needs and to consider compatibility with other people using the service.
- People's needs and wishes were assessed and care and support was planned effectively. Staff had access to up to date policies and procedures based on current legislation and best practice standards.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to provide effective care. Staff told us they received a comprehensive induction when they started working at the service and a wide range of training.
- A relative of a person using the service had recently been invited to a staff team meeting to talk to the staff about their experiences of supporting a person with profound and multiple learning disabilities. This enabled the staff to hear a new perspective and learn from their experiences.

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

- People were supported to have a healthy diet. We spoke with the chef at the service and the staff, who all had good knowledge of people's dietary requirements.
- We saw that people were regularly consulted about the quality of the food, and changes were made to the menu or the presentation of food, as and when required.
- Care plans documented what people's likes, dislikes and requirements were. People's cultural backgrounds were respected and any dietary needs were catered for.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they had a flexible approach to people's support, and worked in conjunction with other agencies to enable the best support possible for people. These included healthcare professionals, daytime activity providers, and others.
- During the inspection we observed staff responding to people's needs in a timely way, sharing relevant information and keeping up to date with people's current needs.

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

- The service was set on one floor which was at ground level, and was accessible to all the people using it. Many of the people using the service were wheelchair users, and facilities available were suited to their needs.
- Specialist baths, hoists and tracking were available to ensure people with mobility issues could use the

service.

- People's rooms were personalised to their own tastes.

Supporting people to live healthier lives, access healthcare services and support

- Staff were vigilant and noticed when people weren't well. Staff knew when to involve other healthcare professionals to support people to maintain their health. These included the GP, dieticians, and dentists. The registered manager and staff had a good relationship with these healthcare professionals.
- Any healthcare requirements people had were documented in detail within their files so staff could ensure they were up to date and knowledgeable about people's health.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

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

Good: 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 well cared for. One relative of a person told us, "Staff are very good here, they know [name] really well. I would know if [name] didn't like coming here." A staff member told us, "We put people first here. They are always our priority."
- Our observation on inspection were that people using the service felt comfortable around the staff, and interactions were positive and friendly.
- Staff understood and respected equality and diversity. We saw that a bridal scarf was on display within the service, along with pictures and information about a particular religion's celebrations. This reflected the culture and background of a person that was using the service, and showed that people of different backgrounds and faiths were supported to express themselves and feel at home.

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

- People expressed their views and were involved in decision making as much as they were able to be. Support from family or other advocates was available as required. A peer advocacy programme was in place which encouraged people using the service, as well as other people with learning disabilities, to get involved with audits on quality and speaking up for others.
- People were encouraged to express their opinions and make decisions on all aspects of the service. We saw that when one person fed back some negative comments about the presentation of food, the management and staff responded with actions. The person's opinion was recorded, and they were then consulted with on new ideas about food and food presentation.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by all staff. A relative told us, "The staff speak to [name] nicely. They are treated well."
- Staff confirmed they did not talk about people in front of others and they made sure they stored any confidential information about people securely.
- A 'dignity tree' was displayed in a communal area. This enabled staff to display the different values that were linked to dignity and promoting a dignified way of working with people. All staff and management we spoke with were passionate about promoting people's independence, and respecting people's dignity.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised to them. Care plans contained information about people's preferences, likes, dislikes, culture and life history. Staff and management had a detailed knowledge of the people using the service.
- We saw that one person had a Makaton signing guide for their communication needs. This guide contained both standard signs, as well as ones that were specific to the person and their own way of communicating certain words. This ensured staff working with them understood them, and could communicate effectively with them.
- One staff member told us about a trip to a theme park in another country that had taken place with one person. It had been their wish to go there, and staff were able to plan for this trip and achieve it. Staff acknowledged that this took a lot of planning, risk assessing and resources, but they had taken someone with complex needs on this holiday as they had wished.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. The relative we spoke with told us they would feel comfortable to raise concerns or complaints if they had any. Any complaints that had been made were investigated thoroughly, and actions for improvement were created as required.

End of life care and support

- No current end of life care was being delivered within the service. The management and staff told us about their experience delivering end of life care in the recent past. They explained how one person had reached the end of their life and the staff team made sure they were able to remain comfortable, stay within their home, and have the things and people around them that made them happy. Staff we spoke with were proud of the personalised support they offered to the person at the end of their life. Pictures of the person remained at the service, as staff considered them to still be a part of the home.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The home had a positive, highly person-centred and open culture. People were put at the heart of the service, and all aspects were designed to deliver high quality care with dignity to them. Staff spoke positively about the management, and felt that any concerns about people they took to the registered manager were addressed promptly.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.
- Staff felt that communication within the service was good, and information about people's care was recorded in detail, and allowed them to carry out their roles confidently.

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

- All staff understood their roles and responsibilities and felt well supported. One staff member said "The managers have been amazing. I couldn't have asked for more support." Another staff member said, "The team is excellent here. Communication is very good."
- Effective systems were in place to monitor the quality of the service and the care provided. The management team conducted quality checks across all areas of the service. We saw that when areas for improvement were identified, actions were taken to resolve them.

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

- People and their relatives were engaged and involved with the service. One relative told us, "They keep me informed about everything that goes on. There are evenings that I get invited to. The managers are approachable and I know I can feedback to them at any time."
- Questionnaires were sent out to gather feedback and points of view. We saw the results of these questionnaires were collated and analysed to ensure that areas for improvement were worked upon.

Continuous learning and improving care

- Team meetings were held where any general updates were discussed as were any concerns or areas for improvement. One staff member told us, "I feel confident, and I think all the staff do, to speak up. The managers will listen to us and we will take on feedback."
- The management team were open to continuous learning and improvement, and took on board what people and relatives had to say. For example, there was a 'You said, we did' display to show the actions

which had been taken. We saw that relatives had commented that some garden areas needed attention, so action was taken to improve these.

Working in partnership with others

- The service worked in partnership with other agencies. This included other health and social care professionals involved in people's care.
- The service had been recognised by other agencies as providing quality care to people who had profound and multiple learning disabilities. The management team had been asked to work with the local day services and train day service staff in better communication and interaction with profound and multiple learning disability. This meant the support people received was improved and more consistent between the services they were using.