Lincolnshire House Association

Lincolnshire House Association

Inspection report

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North Lincolnshire

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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?	Outstanding
Is the service well-led?	Good

Overall summary

We undertook this inspection on 29 January and 2 February 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service.

The service was last inspected on 10 May 2013 and was meeting all the regulations assessed during the inspection.

The registered provider is required to have a registered manager in post and on the day of the visit inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since October 2010. A registered manager is a person who has registered with the Care quality Commission to manage the service and ha legal responsibility for meeting the requirements of the law; as does the registered provider.

Summary of findings

Lincolnshire House is a registered charity based in Scunthorpe, North Lincolnshire, providing accommodation and personal care for up to 37 adult with physical disabilities and related conditions. The service provides residential, day and respite care services for adults with physical disabilities.

Accommodation is provided in five purpose built fully equipped bungalows, with adapted kitchens, dining rooms, lounges and bathrooms. Adaptations include overhead tracking, portable hoists, adapted bathing and showering facilities, adapted bathroom lighting, automatic key coded entrance doors and wide door access. Day services are provided in an independent fully adapted day service facility, based in the grounds of the service.

The philosophy of the service is to empower people with disabilities and this is achieved by personalised programmes of care and flexible staffing to enable people to be as independent as possible in all aspects of their lives.

People told us they felt included in decisions and discussions about their care and treatment. Staff described working together as a team to enable people to be as independent as possible.

People lived in a safe, clean odour free environment. Staff knew how to protect people from abuse and they ensured equipment used in the service was regularly checked and maintained. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and for the safe handling of medicines.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, when they lacked capacity, these had been made in the person's best interests and had involved other professionals and advocates in the decision making process.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People who used the service spoke positively about the care they received. People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided.

People's nutritional and dietary needs had been assessed and people were supported to plan menus and prepare meals. People told us there was a good choice of variety of food available, which they enjoyed.

The service made appropriate and timely referrals to healthcare professionals and recommendations were followed. People were able to discuss their health needs with staff and had contact with the GP and other health professionals as required.

There were sufficient staff on duty to meet people's needs. Staff received training and support to enable them to carry out their tasks in a skilled and confident way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed any incident of abuse or became aware of an abusive situation.

The registered provider had systems in place to manage risks and for safe handling of medicines.

People told us they felt safe and the service was good.

Staff had been recruited safely and sufficient numbers of staff were available to ensure people's assessed needs could be met in a safe way.

Is the service effective?

Good

The service was effective. People made decisions about their care and treatment, and arrangements were in place for them to receive appropriate healthcare, where required.

Staff were trained to ensure they could meet the assessed needs of people who used the service.

People were encouraged to maintain a nutritionally balanced diet and fluid intake.

Is the service caring?

Good

The service was caring. Staff had a positive, supportive and enabling approach to the care they provided for people.

We observed people were treated in a kind and caring manner and encouraged to be independent.

We saw people's privacy and dignity was supported.

Is the service responsive?

Outstanding

The service was responsive. People received personalised care that were

based around their individual needs and preferences.

People were supported to participate in an extensive range of activities within the home and the broader community.

Care and support needs were kept under review and staff responded quickly when people's needs changed.

Is the service well-led?

Good

The service was well led. The management team provided strong leadership and led by example.

The premises and equipment were regularly checked to ensure the safety of the people who used the service and staff working there.

Summary of findings

We saw people were comfortable in approaching the management team who had adopted an open and responsive approach.

Lincolnshire House Association

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 29 January and 2 February 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day of the visit and one adult social care inspector on the second day of the visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at notifications we had received from the registered provider. These provided us with information about how the registered provider managed incidents that affected the welfare of the people who used the service.

We also requested and received information from commissioning teams with responsibility for people who used the service.

We spoke with eight people who used the service, the registered manager and five members of staff.

We looked at the premises, including people's bedrooms (with their permission), care records in relation to four people's care and medication. We looked at records relating to the management of the service which included: staff recruitment, supervision and appraisal, the staff rota, records of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures

Good

Is the service safe?

Our findings

We spoke with eight people who used the service and every person who was asked, said they considered themselves to be 'entirely safe'. People we spoke with told us, "I'm safe, contented and happy. The staff are good to us, especially the seniors. They are very loyal to us." and "Everyone knows me and they like me. I feel safe."

People who used the service and staff spoken with told us they felt there were enough staff on duty to meet people's needs. We were told by the registered manager, each person was assessed individually and then their needs identified and the support they need considered in order to provide the correct staffing levels required for them. One person who used the service told us they preferred the 12-8 shift pattern the staff had previously worked, as they thought this had suited their preferences better. The other seven people spoken with did not feel they had been affected by the introduction of the new shift pattern.

The registered manager and five members of staff spoken with were fully aware of the safeguarding policies and procedures. They confirmed they had completed safeguarding training and regular updates of training were provided to ensure they were kept up to date with current practice. Records seen confirmed this.

In discussions, members of staff demonstrated they understood the safeguarding policies and procedures. They explained what action they would take if they suspected abuse, or people were at risk of abuse. Staff members spoken with were able to describe the different types of abuse, and the vulnerability of the people who used the service and the things they would look for which may indicate someone had been abused. Staff told us they would report anything they were concerned about.

Staff were also aware of the registered provider's whistleblowing policy and that if they had raised any concerns that were not being dealt with at the service who they should then report these to.

The registered provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed, the registered provider requested criminal records checks through the Government Disclosure and Barring Service. (DBS) as part of its recruitment process. These checks are to assist employers in making safer recruitment decisions. We looked at the recruitment files for four staff. These showed all relevant police checks and references had been obtained prior to employment and were satisfactory.

There were enough staff on duty to meet people's individual needs. Duty rotas for the previous three months showed the required number had been on duty. Additional staff had been provided to support people with activities, and these had been calculated on an individual basis for each person accessing the day centre and those people accessing respite services. Staff told us that staffing levels were sufficient, but there were times of the day when they were busier than others.

The registered provider had a system in place to ensure that if the correct levels of staffing could not be achieved for any reason; there would be cover available from their pool of bank staff. Duty rotas showed the registered manager had made use of this system when needed.

People's care records showed risks to their safety and welfare had been assessed and planned for. There were individualised management plans for all areas of risk such as fire evacuation, participation in community based activities and moving and handling. The registered manager gave an example of a person who wished to remain as independent as possible following an incident in the local community. This was discussed with the individual and the risks considered. Following this a risk assessment was agreed and implemented to support the person to continue to access the local community independently with additional safeguards in place to help to keep them safe.

Risk assessments were detailed and provided staff with clear information on what actions they should take to keep people safe from harm. We saw risk assessments were reviewed monthly to take into account any changes in the person's needs.

We found risk assessments had also been completed in relation to people's health in areas such as medication, pressure damage and weight loss. One person had recently experienced a couple of falls, checks on their records showed a risk assessment had been completed and a referral to occupational therapy services had been made and mobility equipment provided for the individual.

Good

Is the service safe?

Records showed people's families and health and social care professionals had been involved in making decisions about risk. Support plans recorded where decisions about risks had been made in people's best interests.

Risks within the environment had been considered and planned for in order to protect people from unnecessary harm. Chemicals that could cause harm were stored safely. Fire equipment was seen to be regularly serviced and checks on utility systems, equipment and vehicles were in place to ensure risks were minimised. External doors and windows were secure, but each bungalow was fitted with a code access system and automated doors to allow people who used the service to go between the buildings independently. The expert by experience was politely challenged twice whilst moving around the site, with staff wishing to know their identity and purpose.

Information seen in records, and confirmed in discussion with staff showed they were trained to administer medication in a safe way and their skills were reassessed by the registered manager. Annual updates of medication training were also provided. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance and the safe use of medicines.

Some of the people who used the service had risk assessments in place to manage their medication with the minimum of support from staff. These people had lockable facilities in their rooms for the safe storage of their medicines. Records showed people's medicines were reviewed regularly by either their GP or a specialist doctor, to ensure they remained effective for the individual. We observed members of staff administering medicines and observed they followed safe practice and did so in line with the person's wishes.

People's support plans provided information about the medicines they were prescribed, the reason for taking the medicine and details of side effects that may be presented from taking the medication. Further detailed information about how staff should administer medicines the person needed to take in specific circumstances, for example for the treatment of diabetes and epilepsy was also in place. This provided staff with information in what circumstances the medication should be given and the symptoms they would expect to see in these circumstances. Medication policies and protocols were also in place.

Good

Is the service effective?

Our findings

We spoke to eight people who used the service who told us they liked the staff and the staff were very good. Comments included, "The staff are good; they take me out and on holiday. I have my favourites, I know you shouldn't but I do, that is not to say that there is anything wrong with any of the others they are all very good." Another person told us, "Staff are lovely, but one seemed a bit patronising to me. I don't know if they meant it. At my age I don't need my hair ruffled but when I said so, it went into my notes and it hasn't happened again."

People told us about their involvement in menu planning, where the cook visited every unit to make sure all their preferences were catered for; for example seeded bread or a particular brand of yoghurt, comments included, "We are asked what we would like to see on the menu and there are always choices available." and "The food is good, there is plenty of choice." Another person told us, "I like the food" "You should come for the pie and pea supper next week." People told us that they had the opportunity to go out regularly for coffee and cake or for a meal and planned these outings with staff. The cook told us taster nights were also in place and were used to give people the opportunity to try new foods, they may previously had not experienced. If these were liked, with agreement from the people who used the service they could then be introduced into the menu.

People had the opportunity to participate in baking and meal preparation sessions which were held on a daily basis. We observed the meals served to people who used the service. There were two main choices for the lunchtime meal and the member of staff involved knew the choice, portion size and consistency of food to provide to people. We saw people who used the service were involved in assisting in preparation tasks and washing dishes. People who used the service told us they were very happy with the meals provided and different menus were provided for each of the bungalows. Meals were prepared in the kitchens of each bungalow for the people who lived at the service and further meals were provided by the main kitchen for those people who attended day services.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control.

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS). This is the legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. Records showed the registered manager and staff had received training about the subject and the registered manager informed us that further training was planned. Staff told us people who used the service made decisions they had the capacity to make. During our observations we saw staff responding to people's lead and decisions they made, such as where they wanted to be and how they wanted to spend their time.

Staff we spoke with had a good understanding of the need to involve family and professional representatives if a person was unable to make a decision for themselves. The registered manager told us they worked closely with the local authority adult safeguarding team to identify any potential deprivation of people's liberty. At the time of our inspection no person was subject to a DoLS authorisation. The registered manager confirmed that best interests meetings and the use of advocates had been used previously to support people with decision making. Care records seen confirmed this.

People were encouraged to be as independent as possible and the environment provided enabled and supported this with automatic opening doors, electronic key fob systems, electronic communication systems and low level work stations. On occasions when people summoned assistance, we observed that call ells were responded to quickly.

Records showed, and staff confirmed they received a varied training programme to help them meet people's needs. This included a mix of external, in house and electronic e learning courses. Newly appointed staff attended an induction programme based on nationally recognised standards and during which time they received weekly supervision from a senior member of staff. One staff member told us "Yes the training is good; it helps us

Good

Is the service effective?

develop the skills we need to support the people living here. It is not just a case of the training being done and that is it, it is ongoing and we look at things regularly to ensure we are meeting people's needs in the best way possible."

We looked at training records and saw that staff had access to a range of training both essential and service specific. Staff confirmed they attended essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This included dementia, epilepsy, nutrition, peg feeding and care and pressure area care. Staff told us they also had the opportunity to work towards non vocational qualification at different levels.

Staff told us they had supervision meetings and appraisals with their line managers. This assisted staff and management to identify training needs and development opportunities. Staff confirmed they felt supported by the registered manager and told us," We have regular supervision but can go to either of them for support at any time, their door is always open."

People had health action plans in place. Care files contained guidance for staff in how to meet people's assessed health needs. Records showed how people were supported to attend doctors, dentists, opticians and chiropodists to manage their on-going healthcare needs. External professionals for example occupational therapists and community nurses were also seen to support people who used the service.

In discussions staff were knowledgeable about meeting people's health care needs. They described the signs and symptoms of conditions that would need timely interventions such as chest infections and weight loss. Staff were able to describe how each person's behaviour may change when they were unwell and may be an indicator of an infection for example. This meant that people were supported to access prompt healthcare support when they were not well.

Good

Is the service caring?

Our findings

People who used the service told us they were very happy with the care they received. People we spoke with told us they had been involved in the development of their care plan and were aware of it's content. One person told us they had been fully involved in the care they received. People told us, "We are encouraged to be as independent as possible, the buildings are fully accessible and the staff respect and support our wishes." and "The staff are very good, they are very caring and our dignity and privacy are respected." Another person who used the service gave an example of preferring to use a hoist for transfers rather than the specialist overhead tracking system, as they did not like the noise it made and their wishes were known and respected by the staff supporting them.

The care files provided information about people's life history and their preferences of how care should be carried out. Records showed that people who used the service and their relatives had been involved in assessments and plans of care. Staff confirmed they read care plans and had a keyworker role with specific people. This helped them to build relationships, get to know people and their needs, and liaise with relatives. During discussions with staff about people's needs, they told us that important information was shared at handover between shifts to ensure information remained current.

Throughout the two days of the inspection we experienced a calm, comfortable and warm atmosphere within the service. We observed good interactions between the staff and the people who used the service. We saw staff speak with people in a friendly and patient manner and observed one carer adapt a different approach to three people who used the service; each approach was appropriate and had been adapted to meet their individual needs. For example, one person who used the service preferred a more formal approach while another preferred a less formal jovial approach when they were being offered encouragement by staff.

At different times throughout the two days of the inspection we observed situations in which people expressed themselves through their body language of increasing anxiety or excitement. Staff responded immediately to these signs and established the cause of this and responded in by offering gentle reassurance or an explanation of what was going to happen and when. For example, one person who had become verbally abusive was assisted and offered gentle reassurance while being supported with their meal and then given the opportunity to go to a quieter area, which they chose to do. Staff then responded further when they requested to go outside into the grounds.

We saw staff promoted people's dignity and privacy during the day, knocking on bedroom doors and waiting for approval from the occupant before entering their private area, gaining consent from people when supporting care tasks, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required.

In discussions, we found staff had a good understanding of how to promote people's privacy and dignity, choice, privacy and independence. Examples were given by staff of speaking to people privately, knocking on doors, obtaining consent before supporting with care tasks and checking the way in which they wished to be supported was still in keeping with their care plan and ensuring people were covered with towels when they were transferred into the bath or onto shower chairs. Other staff spoke about people's preferences of food, activities and toiletries and another told us, "We are continually assessing people's needs and what they can do for themselves, as for some people, this can change on a daily basis." and "We always ask people if they would prefer a male of female carer and we respect their preferences." We saw that individual preferences for this were recorded in people's care records.

Although the service provided both residential and day services provision, staff knew the names of each person who used the service and had a good understanding of them as an individual. Similarly the people who used the service knew the names of all of the staff team, who were longstanding members and those who had been recruited more recently.

Some people who used the service had communication needs. Information about these needs and preferred methods of communication or equipment used for example pictorial formats or electronic equipment, was detailed in care records for staff information. People had signed their care plans to show they agreed with the contents. Records showed reviews were held annually with the individual, commissioners, staff, their relatives and professionals in order to evaluate the care provided for people.

Good

Is the service caring?

All bedrooms were for single occupancy with en-suite facilities and fully equipped to meet people's physical needs and promote their independence. People we spoke with told us they had been fully involved in the choice of personalisation and decoration of their rooms.

The registered manager told us that all of the buildings and update of them had been achieved through fundraising. An executive council was created and the management team revised with a radical new remit to provide the people who used the service with greater empowerment particularly with regard to their day to day decisions at Lincolnshire House. The people who used the service became members of the executive council, formed resident committees, joined fund raising committees and participated in appointing staff. The services were developed around the people who lived at Lincolnshire House and what they wanted. Discussion with people who used the service confirmed that this was the case and they were fully involved in the committee, staff recruitment and decision making.

During the inspection we observed people involved in different tasks, these included; helping staff to sort out newly delivered produce and acting as an on-site postman. In the activity centre people were involved in cookery sessions, making cupcakes and fruitcakes.

Outstanding ☆

Is the service responsive?

Our findings

We asked people who used the service about complaints and concerns. They told us they would talk to any of the staff if they were upset or worried about something. People we spoke with were clear about how to make a complaint. One person who used the service told us, "I haven't got anything to complain about, but if I had I would complain to the manager. All residents are given information about complaints in a booklet on arrival." Another person said, "If I had a complaint I would go to my key worker initially and if that didn't work I would go to the Manager, but I really don't think, that I would need to do that. All the residents have the complaints procedure so they should know how to complain. We can talk about anything and we will be listened to. If we want to make a change to something it is done and we are involved at all levels. If there is a reason something cannot be done straight away, then this is explained. Nothing is dismissed if it is a problem with cost we are told about it or if we need to take it to the committee, then this is explained, we are fully involved."

The registered manager told us advocacy services were available to support residents who wished to raise a complaint and people who needed assistance to make a comment or complaint would be fully supported by the registered provider. Any comments were welcomed into any aspect of how the service could be further developed or improved in any way.

People who used the service were made aware of the complaints system and it was provided in a format that met their needs. We saw there was a procedure for making complaints in place.

Information was in different formats was displayed on the information boards in public areas. The information pack given to people who used the service included the complaints policy.

People who used the service told us they had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. They were involved in different representative committees within the service and their views and opinions were regularly sought and acted upon.

We asked to see the record of complaints people had made and the provider's response.

The complaints file was reviewed and we saw evidence that complaints were investigated

satisfactorily and this was documented, although there had been no recent complaints.

People who used the service told us there was a range of activities available to them both within the service and community based. They told us that although a day service activity provision was available on site, they were able to choose whether they attended any of the sessions provided there or engaged in different community based activities. One person told us, "Activities are not for me. I much prefer to go out with staff and do things in the community like bowling, swimming or going to the pub or McDonalds. I have told them this so that is what I do."

Community based activities included the use of local facilities for example leisure centres and local churches. The registered manager told us that some people did not like the local community leisure centre so arrangements had been made to visit others in the local vicinity until they found one that suited their needs better. When we asked people who used the service about this they confirmed this had been the case and the water at the local leisure centre had been too cold and they didn't feel the staff there had been understanding of their needs, so they had elected to go elsewhere where their needs could be better provided for.

People showed us pictures of holidays and outings they had been supported to go on, including a holiday on a cruise ship. The registered manager told us that the people who used the service led on where they wanted to go and who they preferred to go with.

A full range of enrichment activities were available on site and included trampolining, cookery, a book club, drama group(who regularly put on shows), flower arranging, health and beauty, hairdressing, gardening, music therapy and more alternative therapies such as Reiki. All of the planned activities were displayed on a screen of the entrance to the building so people could see what was available and choose what they wanted to do.

A new innovative system known as 'Imuse' had recently been introduced. This consisted of an interactive sensory system which people with the most limited mobility and movement could stimulate colours, images and music by any slight repositioning of their body or vocalisation. The people who used the service create images with their

Is the service responsive?

movements and communication for exploration and expression of themselves. The images produced could be later printed off for the people who had created them. We saw some people had these displayed in the sensory room and their own bedrooms.

Throughout the activity centre people were seen to be engaged in stimulating activities. Pictures, photographs and information were displayed throughout the building of events, charity fundraising, shows and other numerous activities they had been involved in. As well as inviting the local community into the service for example for fundraising events, the service was actively involved within the local community, for example; local bowling and curling leagues. At the end of the season a large party was held for all the participants of the league, which they attended. People who used the service told us that this had been in place for a number of years and continued to be well attended and enjoyed.

People who used the service told us that in addition to the activity centre and community based activities they were involved in, there were further opportunities to do most anything they wanted. One person told us they were going to see the New Zealand and England cricket match later in the year, while other people talked about days out, shopping trips, meals out and just popping out for coffee and cake. On the day of our visit people were seen to be engaged in meaningful activities of their own choosing. As well as the planned activities available which people were engaged in, three people told us they were going out for a pub lunch, one person was going out to play dominoes and two people were engaged in computer activities.

Staff we spoke with told us about an art exhibition planned for the spring and a pie and pea supper and race night planned for the following week. These had been planned as a joint venture from staff and people who used the service, to raise funds for the service.

We looked at the care plans for four people who used the service. These focussed on them as individuals and the support they required to maintain their independence. They described the holistic needs of people and how they were to be supported within the service environment and the broader community. Information was also included about things that were important to people for example: likes and dislikes, family birthdays and health and communication. Care plan records were available in different formats suited to individuals communication needs, which enabled people to understand and continue to be involved in their care plan

People's care plans included personal goals and these were used as a basis for the regular support plan review which took place with keyworkers on a monthly basis. We saw people who used the service and those people important to them were involved and consulted about care plans. Care plans were developed with the people who used the service and their families to ensure their preferences in how they wanted care, support and treatment to be provided was met. Health action plans were in place to ensure important information was available to medical staff in situations where people may need to access hospital facilities.

Staff we spoke with had an in depth knowledge of each person they supported, as well as their identified needs, the traits of their personalities that made them an individual and their likes and dislikes. They felt this was particularly important as the people who used the service in some circumstances had particularly high levels of care needs and relied on staff to provide their support. It was therefore vital their preferences of care and person centred care was fully understood and provided to them in their preferred manner, not only to maintain their privacy and dignity but for new people using the service, their confidence in staff and their abilities.

Good

Is the service well-led?

Our findings

People who used the service told us they liked both the registered manager and the registered provider individual, both of whom were based on the site. Their offices were situated on the first floor of the administration building, but fully accessible through automatic doors and a lift.

When we spoke with people who used the service they told us, "I have been here for a very long time, things are very different now from when I first came here, thirty plus years ago. Everything is done for us and based on what we want. We are involved in committees about the service and we are listened to. When I first came here we had shared dormitories, there was no choice, things are so much better now. We have a full life like everybody else." and "xxx and xxxx are always there for us and listen to what we have to say. If things cannot be changed immediately, they will come and discuss things with us and tell us why and when this may be possible. Mostly though things are done straight away."

Social and health care professionals told us the registered manager and staff were welcoming of ideas and views and made every effort to include and co–operate with appropriate professionals involved, such as doctors, occupational therapists and care managers.

Care professionals told us, "I would strongly recommend the care service to anybody, They provide a very high standard of care and activity amenities. The staff are open and transparent and when I have observed their practices in supporting people I have been very impressed." and "We have been very happy with the care Lincolnshire House has provided to our clients." Another told us," The manager and staff are very approachable, very helpful and communicate well with us in all aspects of client care. When we visit we are welcomed, the manager and staff are open and transparent" and "The care plans are impressive, people are so included and involved; one is the chair of the committee and has been involved in the design of the buildings, I believe other people who use the service were also involved in this." Other comments included; "People's independence is promoted so much and their independent living skills supported and encouraged." and "People are fully supported to be part of the community and access community facilities whether it is going to the cinema, pub or swimming, or pretty much anything they want to be involved in. People are supported to pursue hobbies and they are fully promoted with all aspects of their independence."

We spoke with staff and they told both the registered provider and the registered manager were positive role models and set good standards for staff by their own practice and example. Staff told us they had regular team meetings where they could discuss any concerns about the people they cared for. They told us the registered manager was receptive to any suggestions they or people who used the service made which may improve the care offered. For example, one of the senior staff trained as an in-house moving and handling trainer as well as the benefits of training staff frequently, it also meant that staff could approach them at any time for advice/support about any moving and handling techniques. Staff gave an example of one person not liking the noise the overhead tracking hoist made during transfers and staff said they had sought advice about this.

Staff told us the registered manager was available for guidance and support when they needed it and encouraged them to develop their skills. Staff told us there were arrangements in place when the registered manager was not available. One staff member told us, "We are an established team; many of us have been here for a long time. We all work together as a team and all of our roles are equally valued. We work together well and we have a good, responsive manager, but the most important part of our job is the needs of the service users, they always come first."

Staff understood their roles and responsibilities within the service and what was expected of them. They were aware of the philosophy of Lincolnshire house association; of encouraging the people who used the service to exercise their rights in full and were fully included in decisions that affected their lives, respecting their rights and having a belief in the individual. A fundamental right to privacy and involvement and responsibility, and the right to participate in the management of Lincolnshire House. Staff told us people who used the service were represented on the executive council, with one person being the Chairperson. They told us about resident committees, fund raising and activity committees which also had a representation. People who used the service were also involved in selecting new staff.

Good

Is the service well-led?

House meetings were held regularly and records showed most people were happy to attend these and contribute. The housekeeper met with all people who used the service weekly in order to obtain their input to menu planning and their preferences of food purchases ;for example particular brands of yoghurt or drinks.

Surveys were carried out regularly by the registered manger. These were sent to the people who used the service, staff, professionals and relatives. A recent survey carried out on laundry found some items of clothing were getting mixed up and not being returned to their rightful owner and some people didn't like the detergent being used. As a result of this larger name tags for easier identification were introduced with consultation from people who used the service and a different brand of washing detergent introduced. Also identified was some items of clothing were being shrunk in the wash. The registered manager obtained posters clearly identifying to staff the temperatures clothing should be washed at and damaged clothing was replaced. These actions improved the quality of the laundry service. We looked at other surveys that had been carried out and found these showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and timescales set, achieved.

We found the registered manager regularly completed a number of internal checks of areas such as care plans, fire safety, medication, cleanliness décor, and staff supervision. These were detailed and any areas found to not meet the expected standard were seen to be promptly rectified.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. The registered manager confirmed how all accidents, incidents and safeguarding referrals were analysed by them and the registered provider and reviewed to identify any patterns or outcomes, which could be learned from.