

London Borough of Haringey

Linden House

Inspection report

10 Linden Road
Tottenham
London
N15 3QB

Tel: 02088880565

Website: www.haringey.gov.uk

Date of inspection visit:
08 June 2017

Date of publication:
17 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 June 2017 and was unannounced. At the last inspection in March 2016 there was one breach of legal requirements. This was because there were not enough staff on duty to enable people to go out whenever they wanted to. We found there had been an improvement in staffing levels since the last inspection though this had not resulted in people going out more regularly.

Linden House is registered to provide accommodation and care to six people who have a learning disability and autistic spectrum condition. At the time of this inspection there were three men living in the home. The provider planned to close the home and informed us that the three people would be moving on to new places by the end of July 2017.

There was no registered manager at Linden House at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in January 2017 and there was an acting manager in place since then, who has applied for registration with the Care Quality Commission.

This was a time of uncertainty for people at Linden House due to the planned closure. People were moving to new places and two people had clear transition plans to help them move from one home to another. The third person did not have a written transition plan in place but had been assessed as needing a short transition period which would start in two weeks.

Regular health and safety checks took place and the senior staff carried out monthly audits of medicines, care files and the building to ensure the environment was safe and safe care provided. Due to the planned closure of the home there had been no deep cleaning or decoration so the environment was safe but not in as good condition as at the previous inspection. The garden was in a poor condition and had not been kept safe for people to use over the summer. The manager addressed this as soon as we raised this concern.

People were supported by an experienced staff team who knew them well. Their relatives said they were happy with the care provided.

Staff supported people to keep safe and helped them with their medicines, personal care and leisure activities. Staff supported people to go to health appointments and had supported one person during a hospital stay in the last year.

The manager and staff were supported by a provider manager from Haringey Learning Disability Partnership who supervised the manager, provided advice and support to staff and checked that the home was providing a good service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Staff were trained in safeguarding people and knew what to do if they suspected any abuse of people in the home. Each person had risk assessments addressing risks to their safety.

Staffing levels were good and staff were deployed in a way to keep people safe. There were enough staff to support people to go out and to provide safe care.

The home was safe and staff ensured regular health and safety checks were completed. The standard of cleanliness was adequate. The garden had a number of hazards so was not in a good condition for people to use safely.

People received their prescribed medicines safely from competent staff members.

Requires Improvement ●

Is the service well-led?

The service was well led. There was no registered manager but the acting manager had been in place since January 2017 and was supported by three team leaders. The provider manager supported the staff team and visited the home regularly.

The provider had involved people and their representatives in the consultation to close the home and plans for each person to move to a new home. Staff were following clear transition plans to support people with their planned moves.

Regular audits and checks were carried out by senior staff working in the home and overseen by the provider manager.

Good ●

Linden House

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 checked whether the 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.

This inspection took place on 8 June 2017 and was unannounced. This was a focused inspection looking at two domains – is the service safe and is the service well led?

The inspection was carried out by one inspector. Before the inspection we looked at all the information we held about this service including notifications and safeguarding alerts sent to us since the last inspection.

During the inspection we met two of the three people living in the home, observed their wellbeing and the interactions they had with staff. We contacted relatives of the three people and also a professional involved in their care to seek their views on the quality of service provided. We read the care files of the three people and carried out pathway tracking. This is where we read the risk assessments and care plans for people and checked if they were being carried out as planned. We met with the provider manager on behalf of the London Borough of Haringey. We met two team leaders and three support workers. We looked around the building checking cleanliness and safety and we looked at records. We looked at care records, medicines records for the three people, medicines audits, daily log books, fire and health and safety records, insurance and quality monitoring records. We also looked at the social stories and transition plans for two people who were getting ready to move to a new home. After the inspection the manager sent us further information on quality monitoring in the home and confirmation that he had taken action to improve the safety of the garden.

Is the service safe?

Our findings

A visiting professional told us that the staff team at Linden House understood their client's needs well and ensured that he received safe care. A relative of a person living in the home told us that the person "safe and happy" there. Staff were trained in safeguarding people and the manager had displayed information on what to do if they had a safeguarding concern.

Each person had their own risk assessments which detailed risks to their safety and advised staff on how to keep them safe. Two people needed supervision when using the stairs. One of the two needed some physical support and there was clear guidance for staff including photographs by the stairs showing how to physically support them.

As the home was due to close, each person was preparing to move out. Two people had transition plans where staff were working alongside staff from the new home to get to know the person's needs in order to provide safe care. These plans were detailed and took individual needs into account. Staff from Linden House and staff from the new homes were working together to ensure the new staff were aware of people's needs.

Due to lack of understanding of danger, each person required two staff to support them when they went out of the home. Records showed none of the people were able to travel on public transport. The home had its own minibus to enable people to travel safely. At the last inspection there was a breach of regulation as there were not enough staff on duty to support people to go out regularly when records showed that they liked to go out to the park and other places. We found that staffing had been increased following the inspection so that there were enough staff on duty to support people to go out. A community log book had been started to record when people went out. The records showed that staffing levels were safe and adequate to support people to go out but in practice they were not going out very regularly. One person's weekly activity timetable showed a plan to go out three times a week. In practice records for eight weeks prior to the inspection showed this person had been out on average once week (nine times in eight weeks). The other person had a plan to go out once a week but had only been out of the building five times in eight weeks. This person had long periods each day with no activity. We talked to one staff member about why this person did not get to go out very often and they said this person was sometimes reluctant to go out and it was also difficult for staff to support this person outside the home due to their high needs. The third person went to a daycentre six days a week.

We recommend that staff support people to go out as often as they would like to follow their interests.

There were three staff on duty when we arrived. The usual staffing levels were three or four staff on duty during the day and two awake at night with a third staff member asleep in the home on-call in case of emergencies. This staffing level was enough to care for people safely. One person had one to one staffing during the evenings for safety reasons.

Medicines were managed safely. Staff were all trained in administering medicines and medicines were

stored securely. We checked medicines records and found they were of a good standard. A team leader was responsible for the ordering and disposal of medicines and showed us the procedures they followed. Medicines were recorded clearly and the home followed good practice having two staff administer medicines and both signed the medicines chart to say the medicine had been administered to the person. We observed one staff member give some medicine during the inspection and safe practice was followed. Medicines records were checked regularly and we found no errors. We spoke with one staff member about medicines and they had a good understanding of what a person's medicines were prescribed for. The reason for the medicine and any possible side effects were recorded. Staff knew people's medical needs which were documented in their care plans.

There was a fire procedure in place and each person had a personal evacuation plan to ensure staff and the fire brigade knew the type of support they needed to leave the building safely. Staff checked the fire alarm weekly and there were monthly health and safety checks and monitoring of the quality of the water supply by a contractor.

Staff were trained in food hygiene and safety. The kitchen was clean on the day of the inspection and open foods had been labelled with the date opened as required. Good food safety practices were followed.

The provider had not redecorated or deep cleaned the home due to the planned closure of the home at the end of July 2017. This meant that some walls were dirty and communal areas were not clean and homely. The dining area carpet was dirty and some walls had stains on them. One bathroom was out of action due to a leak which had not been repaired. This did not have an impact on people as they still had another bathroom and shower room to use.

Since the last inspection there had been a serious accident in the home where a person had fallen from a first floor window and sustained a serious injury. An investigation by the safeguarding authority found that there had been no neglect by staff at the home and that the accident could not have been predicted. The provider responded appropriately by ensuring all windows had window restrictor. Risk assessments were updated, staff supported the person to remain safe in hospital and increased staffing was provided to keep the person safe. We checked window restrictors in the home and found all first floor windows had restrictors to prevent them opening more than a few centimetres. Some ground floor windows did not have restrictors and the provider manager said that these windows had been assessed as no risk to people's safety.

We asked people's representatives if they thought people were safe in the home. One told us, "they do keep him safe" and another said, "It's ok." One representative said their relative felt safe in the home and when out was always happy to return there as they were "used to staff and the environment." Another person said they were "very satisfied" and said staff "do their very best."

People were in the garden during the inspection but the garden was not fully safe for people to use. The provider manager told us that Japanese knotweed had been found in the garden and that a specialist company were dealing with it and had advised that the grass should not be cut in the meantime. However as well as this issue, the provider had not kept the garden in a suitable condition for people to use over the summer. There were thistles and stinging nettles where people could brush against them, the shed was falling down and its contents accessible to people who had no sense of danger. There was a clinical waste bin which was unsightly and discarded filing cabinets in the garden. Some paving stones were uneven and the garden had not been swept. Debris had fallen from trees which people were able to pick up and put in their mouths.

We advised that despite the short time left before the home closed, the garden needed to be safe and

accessible to people whenever they wanted to use it. We saw that people enjoyed the garden during our inspection and wanted to be outside.

We spoke with the manager about the garden who reported the uneven paving slabs and broken shed to their building contractor to be made safe and organised a general clean-up of the garden to make it safe for people to use in their remaining time at the home. They sent us photographic evidence a few days after the inspection as evidence that the work had been completed and the garden was safe for people to use again.

We recommend the garden and communal areas are checked daily for safety and cleanliness.

Is the service well-led?

Our findings

There was no registered manager at the time of this inspection as the previous manager had left in January. The acting manager had applied to Care Quality Commission to be registered and their application was in progress. They had worked at the home for a number of years in a senior role, knew the people living in the home very well and were suitably qualified for the role. One relative told us that they found the manager to be supportive and had a good relationship with them. The manager had visited the new homes for each person along with their relatives. We met two of the three team leaders who said they worked well as a team with the manager.

A professional speaking on behalf of one person living in the home told us that they had no concerns about the support provided at the home and that the staff team had been stable and consistent and provided good support to the person and their family.

Relatives were generally positive about the service provided. They said, "I'm quite happy with the service," "It's fine" and "I am very satisfied."

The provider had a "provider manager" who was responsible for overseeing this home and other local services on behalf of the provider. This person came to the home to assist us with the inspection and was knowledgeable about the staff and the people living in the home. Team leaders said that the provider manager was supportive and that she called them daily while the acting manager was on leave to see if they had any concerns. Team leaders said they would email or call the provider manager for advice if they had any problems. The provider manager told us they visited the home at least fortnightly to check on health and safety, staff training and supervision and that the Council's procedures were being followed. They also attended staff meetings as well as supervising the manager monthly.

A team leader carried out monthly medicines audits to ensure all medicines people needed were in stock and that there had been no medicines errors. There were also monthly health and safety checks and audits of people's files to make sure their support plans and risk assessments were up to date and reflecting their current needs. Keyworkers made monthly reports for each person detailing how they had been that month and what events had taken place which the manager and team leaders checked.

There had been no written reports of audits of the service by the provider in several years. However, the provider manager said that they set targets for the manager in their monthly supervision sessions to be achieved by the following month which included making improvements in the home where necessary. The manager sent us an example of this as evidence of quality monitoring by the provider manager. The team leader in charge on the morning of our inspection had been promoted two days before but knew the management procedures such as reporting health and safety and maintenance and staff sickness. They also contacted the provider manager for advice and said that the provider manager had offered to come to the home and work with them on their first day in the team leader role.

Despite the planned closure of the home staff said they felt supported in their jobs. The provider involved

people's families in the consultation about the closure of the home. They were invited to a meeting in the home and had been involved in planning the best type of service and visiting the new home for their relative.

The provider notified us of any important events such as accidents and safeguarding alerts. There was evidence of learning from incidents. The provider had learned from a serious accident in the home and taken appropriate precautions so that a similar accident could not happen again