

Linwood House (Nottingham) Limited

Linwood House

Inspection report

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Tel: 01159786736

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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

We inspected the service on 10 January 2017. The inspection was unannounced. Linwood House offers accommodation for up to 13 adults with a learning disability. On the day of our inspection 13 people were using the service.

The service had a registered manager in place at the time of our 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.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

People lived in a service where there were systems in place to minimise the risk of them coming to harm.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring.

People lived in a service where staff listened to them and cared for them in the way they preferred. People's needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good ●

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Linwood 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 was planned to check 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.

We inspected the service on 10 January 2017. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. 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.

During the visit we spoke with six people who used the service. We spoke with three members of support staff, a senior support worker, the registered manager and the registered provider. We looked at the care records of four people who used the service, medicines records of six people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People lived in a service where there were systems in place to minimise the risk of people coming to harm. People we spoke with told us they felt safe in the service. One person told us, "Oh yes, I feel safe." Another person told us, "I feel safe because nobody can get in." A third person told us they felt safe and said, "I can talk to them (the staff)." People described having a key to their bedroom so they could lock the door if they wished and they told us that staff had a spare key which could be used in an emergency and this heightened their sense of security.

People were supported by staff who recognised the signs of potential abuse and what steps to take to minimise the risk of people coming to harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. One member of staff told us about the importance of communication and record keeping between the staff members which they felt was paramount to the safety of people who used the service. They went on to describe the importance of communication to people who used the service especially if they showed distress and anxiety, saying "It's our job to put their worries at rest." We saw that staff were reminded about safeguarding procedures and how to report poor practice during regular staff meetings.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example one person wanted to access the community independently but this posed some risks. There was information in their care plan guiding them and staff on how to minimise the risk and staff we spoke with had a good understanding of the risk and how to support the person. People we spoke with were aware of risks and what procedures were needed to keep them safe such as telling staff where they were going if they went out alone and taking a mobile phone with them so they could contact staff should they need to. There was a balance between managing safety and promoting independence in the service. People's needs and independence varied and people were supported to retain their independence whilst having risks assessed and steps put in place to minimise these.

The provider was investing in a range of extensive renovation work and the registered manager had taken steps to ensure that people's health and safety during this work was maintained. The registered manager described using contractors known to them to carry out the work, to ensure the contractors understood the nature of the people who used the service and the need for keeping the environment safe whilst carrying out the work. The work was planned around the people who used the service to try and minimize the disruption and trips out were scheduled when noisy and dusty jobs needed to take place.

The provider was seeking advice from the fire officer in relation to ensuring the renovations met fire regulation and there were routine checks being made in relation to means of escape if there was a fire or other emergency in the service. Staff had been trained in health and safety and had plans in place for each

person guiding them in how to safely evacuate the service in the event of an emergency.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People received the care and support they needed in a timely way. Two people we spoke with told us they had a call button with them all the time in case they needed support from staff, they also told us that they could press it at any time and "someone would come." One person said that they had done so at night and staff had attended quickly. People knew how many members of staff were on duty during the night and one person told us, "It makes me sleep better at night knowing they are around." On the day of our visit we observed there were a sufficient number of staff available to meet the requests and needs of people.

The registered manager told us that staffing levels varied day to day. They explained that staffing levels were increased when more staff were needed for example for social time away from the service and to support people to attend appointments. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service.

People had been assessed as not being able to manage their own medicines and so relied on staff to do this for them. We spoke with three people about their medicines and asked if staff administered these when they should. All three confirmed that they received medication at regular times and they also knew why they were taking the medicines.

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols for example completing stock checks of boxed medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed on an annual basis. Audits were carried out monthly to assess if medicines were being managed safely.

Is the service effective?

Our findings

People felt they were supported by staff who were trained to support them safely. People told us they felt staff knew what they were doing and that they supported them in the right ways. One person told us, "They (staff) are good in all ways, they help me and take care of me."

People were supported by staff who were supported to gain the skills and knowledge they needed when they first started working in the service. Records showed staff were given an induction when they first started working in the service. The registered manager told us that new staff were completing the care certificate and that three had completed it. The care certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

The provider told us in the PIR that they gave staff routine training updates and refresher courses with the aim to help ensure a high level of knowledge, skill, ability and experience in all staff members. Staff we spoke with told they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training had improved under the new provider with more practical face to face training which was interactive. They felt this was appropriate in giving them the skills and knowledge they needed to support the people who used the service. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Staff were also supported to gain a qualification in health and social care.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and said they found this a useful way of discussing their performance and development.

People were supported to make decisions on a day to day basis and were given the freedom and control to make choices. People told us they were able to decide about how they were supported and what they did each day. Staff confirmed this and said that people chose what they did and staff gave support where it was needed. We observed that people decided how and where they spent their time and made decisions about their care and support. Care plans contained details about people's differing capacity to make decisions and what support they might need with this. The provider told us in the PIR that they felt it was vital that individuals had control over their own space and regimented routines that restrict freedom were to be avoided wherever possible.

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 were supported by staff who had a good knowledge and understanding of the MCA. The staff we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. Where staff had been unsure about the capacity of one person in relation to making a certain decision they had followed the principals of the MCA and determined the person did have the capacity and so the person was supported with the decision being made.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate. For example, one person had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone. The registered manager had made an application for a DoLS for this person.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to the kitchen if they wanted to make drinks and snacks. People told us they enjoyed the food with one person saying, "Very good the food." Another person said, "I like the food here." People confirmed that a menu would be circulated daily to ascertain their choice of food with two choices at lunch and evening meal times. One person told us, "You can tell them what you want if you don't like it."

We observed the lunch time meal and saw that people were given enough to eat. People told us they were enjoying the meal and staff offered more for people who wanted another portion. Staff were present throughout the meal to assist people where this was needed. One person had been losing weight due to a reduced appetite and we observed staff ask them what they might fancy to eat and provide them with this. The dining experience was calm and a pleasant experience and people told us they liked the new dining room.

Staff described people having a choice of food and told us they tried different menus to attempt to cater for differing tastes. One member of staff told us that people generally liked traditional food and said, "We try to give them a difference like curry. We try to cater for everyone." One person confirmed this stating, "You can tell them (staff) what you don't like and they will help you." We saw that people's food preferences were detailed in their care plan and the staff we spoke with knew about people's likes and dislikes.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw that one person had lost some weight and records showed that staff had discussed this with the person's GP and were taking steps to encourage the person to have a higher calorific intake to prevent further loss.

People were supported with their day to day healthcare. Records showed that people were supported to attend regular appointments to get their health checked. People had health care plans in place which detailed appointments people had attended and which aspects of their healthcare they needed support with. Each person had a care plan in place which detailed any health conditions and how these affected

them.

Staff also ensured they took the time to speak with people and about the importance of their health. We saw records of staff discussions with one person who was not eating well and they had discussed the importance of nutrition. This person had a hospital appointment and we records showed staff had taken the time to explain what would happen and how they would support the person. Staff sought advice from external professionals when people's health and support needs changed and we saw health professionals were involved in people's care and support such as the respiratory nurse and physiotherapist.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service and felt that staff were kind and caring. One person said, "They (staff) are very good to us." Another said, "All the staff are helpful to everyone." A third said, "Staff are good, you know." People told us they felt staff listened to them with one person saying that not only did they feel listened to but, "you can talk to the staff if you are not happy and they will help." Another person described a member of staff as, "kind and listens to me." The provider told us in the PIR that compassion, empathy, respect and dignity are what they consider to be the most important factors when developing policies and procedures to ensure the highest standard of care is provided.

We observed staff interactions with people and we saw staff were kind to people when they were supporting them. People looked relaxed and comfortable with staff and there was much friendly banter, fun and laughter with staff showing a fondness for people. One person told us, "They (staff) talk in a good way to me." One person told us about a recent occasion where people who used the service had lost parents or loved ones and staff had supported them to write messages to their loved ones and put them in helium filled balloons and let them go.

People described the service as being 'home' and said there were no restrictions to having visits from friends and family. They told us they were supported to stay in contact with their friends and family. One person told us, "If a family member rings, the staff will let me know." They went on to say, "I like it here because it is my home." There were care plans in place detailing people's circle of friends and family and the importance of supporting people to maintain relationships. We also observed that there were recent photos displayed in bedrooms of people who used the service with family members. The addition of pets to Linwood house had been a positive step and a recent purchase was a dog which had bought a feeling of joint ownership and responsibility to people who used the service. We observed different people feeding and walking the dog on numerous occasions during the day we visited. People had also taken responsibility for shopping for dog food and accessories and understanding the requirements relating to dog ownership and how to train the dog. Some people who used the service also owned and cared for their own pets such as cats, rabbits and birds.

Staff spoke about the people they supported in a positive way, displaying an understanding that Linwood House was people's home and that people who used the service were in control of their own lives. One member of staff described that the ethos of being person centred was embedded in the service and was understood throughout the staff team. They told us, "Person centred means treating everyone as an individual with different needs."

People told us they were able to make choices about what they did and where they went. We observed this to be the case during the day and people were asked what they would like to do. People had the opportunity to attend regular meetings to discuss what activities they would like to do and if there were any food choices they wanted adding to the menu. People described their bedrooms being renovated and how they had been involved in choosing the new flooring and furnishings. One person described being supported to go to a local retailer and taking photographs of the flooring they preferred and this being

purchased. The person told us, "I love it." We saw people's bedrooms were highly personalised to their tastes and interests. One person's care plan gave details of a person being a keen follower of a football club and we saw their bedroom decorations were centred around this hobby.

Care plans contained information about people's likes and dislikes and the staff we spoke with had an excellent knowledge of these. Observations showed that staff clearly knew people very well. Staff promoted people's choice and independence ensuring people were supported to maintain and develop daily living skills. Most people described doing their own laundry and we observed this to be the case throughout the day. One person described cleaning their bedroom and said they took pride in this. They showed us their bedroom and were clearly very proud of where they lived and how they maintained their own environment. We observed one person preparing their breakfast and people explained how they were supported to make drinks and meals for themselves and for other people who used the service. People were also encouraged by staff to take their plates to the kitchen and wash up after lunch and some people told us they made their own packed lunches if they were going out.

People were supported to have privacy and were treated with dignity. People we spoke with described staff as being respectful and said they felt staff treated them with dignity. One person had a health condition which placed them at risk when they were alone and staff described maintaining the person's privacy and dignity whilst they were in the bathroom. We spoke with this person and they told us that staff would wait outside the door whilst they were bathing and would only assist when the person asked them to. We observed people chose to spend time in their bedrooms when they wished to and staff knocked on doors and waited to be asked in prior to entering. People we spoke with confirmed that staff members always knocked on their doors and waited until they were invited in.

We observed people were treated as individuals and staff were respectful of people's preferred needs and the choices they made. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. Staff told us they were given training in privacy and dignity values and the registered manager confirmed this was the case. The staff member who was the dignity champion had recently left the service and the registered manager told us this role would be given to another member of staff, who would be responsible for ensuring staff upheld people's rights to privacy and dignity. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity. One staff member we spoke with had a real understanding of the importance of preserving people's dignity and gave good examples of this.

Is the service responsive?

Our findings

People were involved in planning and making choices about their care and support. Some people told us they had discussed their care and support needs with staff and knew this was documented in their care plan but they chose not to be more involved. Other people liked to be involved and one person was proud to show us their care plan and confirmed they had been involved with writing it and had written some parts themselves. People we spoke with felt very involved in making decisions especially in relation to their care plans. They said that the staff kept them informed of any changes day to day and also during monthly meetings. We saw that where people were able, they had been involved in writing some aspects of their care plan and had signed these. There was information in each care plan written in an easy read format which staff used to involve people and explain what the care plan was for and why it needed to be in place.

We saw in people's care plans that staff had recorded people's preferences and how they would like to spend their day. This included their hopes and dreams for the future and how these would be achieved. In the care plan of one person we saw they had sat with staff and decided on their two goals for the year in 2016 and these had been achieved. One of these was to have their bedroom renovated and then decorate and furnish it to their tastes. We saw this had been completed and the person was very happy with the results and described how they had been involved in accomplishing this goal.

People were supported by staff who were given information about their support needs. We saw people were assessed prior to admission to check that their needs could be met by the staffing and facilities at the home. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. For example one person had a health condition and there was information available to staff in how to respond if this deteriorated and we found that staff had a good understanding of how to respond should the person become unwell.

People were supported to pursue their education and work skills. People we spoke with described having voluntary work placements or attending college to complete programmes of their choice and develop their skills. People told us they were supported to follow their interests and take part in social activities. They described activities which were planned around what they liked and chose to do. This made people's social lives person centred as they were focussed on individual choice. People told us they decided what they would like to do each day and staff supported them to do this. One person told us, "They (staff) know what everyone likes and will ask us or we will ask them." The staff we spoke with confirmed this to be the case and said they ensured people could do whatever they wanted to do, whether that be in the home or in the community. One member of staff told us, "We ask and they tell us where they want to go."

People told us about activities and social events they took part in. One person said, "They (staff) take us out shopping. I have been for walks and to the pub." Another described visits to local areas of interest and the cinema. We saw people were supported to access the community with some people regularly attending day services and others being supported to go to places they wanted to visit, such as the theatre and coastal resorts. On the day of our visit we observed people going out shopping and some people played electronic

games with staff. One person told us this was their hobby and we saw staff engaged with the person throughout the day playing the games with them. The person was clearly enjoying this and there was banter and laughter throughout.

People knew what to do if they had any concerns or complaints. The people we spoke with told us they would speak to the staff or registered manager if they had a problem or concern. They told us they had not had to raise any concerns but if they did they felt they would be listened to.

The registered manager told us they had not received any complaints and so we were unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

Is the service well-led?

Our findings

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. There was clearly a relaxed and open relationship. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service. People we spoke with told us they were happy living in the service and commented positively on the service, the registered manager and the staff team led by her.

A health and social care professional gave us feedback prior to our inspection and told us they felt the registered manager ensured people were supported to maintain their independence. They told us the registered manager was proactive in sourcing many free activities or subsidising activities to ensure people had enough to do. We saw the registered manager acted on recommendations made to improve the quality of the service. The local authority had recently carried out an audit of the service and had made two recommendations, for example to introduce the whistleblowing policy as a standing agenda discussion at staff meetings. We saw the registered manager had acted on these and the minutes of the staff meetings showed this was now a standing agenda discussion.

The service had been under new ownership for the last year and people who used the service and staff commented positively on improvements which had been made since the change. The provider told us in the PIR that they had a strong desire to implement a program of investment in both the facilities and the workforce of Linwood House. People told us the new owner was often in the service and that they felt they could approach him at any time. One person said, "It's much better now with the new owner, he's good, he listens." They went on to describe a recent celebration which had taken place to celebrate the anniversary of the service being taken over saying, "The whole house went out for a meal to celebrate." Staff we spoke with told us about recent improvements in the service with one staff member saying, "We are treated as individuals, the training is better, activities have increased and people (who use the service) are happier." We saw there was an extensive refurbishment of the service in progress with some areas completed and these had created a more homely and spacious environment for people to live in. The provider told us of further improvements planned such as the relocation of the office to a more accessible area.

People who used the service were consulted about any changes in the service and given the opportunity to have a say about the quality of the service. People told us they had been consulted and felt involved in the plans and development throughout the renovation of the service. People commented positively on the changes with one person telling us, "It'll look great when its finished."

There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. We saw the minutes of the last two meetings and saw people had been given the opportunity to get involved in any changes. We saw that people's views about the quality of the service was also sought via satisfaction survey forms. We looked at the results of the most recent survey carried out and saw that people who used the service and their relatives had commented positively on the service. The results of the surveys were analysed and shared with people, with an action plan put into place for any areas which needed addressing.

People lived in an open and inclusive service. Staff we spoke with told us they felt the service was well run and said that the provider was approachable. Staff were given the opportunity to have a say about the service during regular staff meetings and they told us they felt listened to. We observed staff working well as a team. They were calm, efficient and communicated well with each other and with the people who used the service.

The registered manager recognised the importance of keeping compliments made about the service. We saw she had received letters and cards from people who used the service thanking her and the staff for their support. One person had written, 'Thank you for taking good care of me.' Another had written, 'Thank you for looking after me.' There were also positive comments recorded from visitors in relation to the ongoing refurbishments.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager and a senior staff member carried out a range of audits in the service covering areas such as the environment, infection control and staff training. There was a regular analysis carried out of any falls to identify trends and to ensure all required actions had been taken. There was also a weight analysis undertaken at regular intervals to ensure the registered manager was aware of any issues relating to people's nutrition and could check that the required action had been taken in response.

The registered provider also carried out routine visits to the service and the manager confirmed he checked to make sure people were happy with the quality of the service and ensured the registered manager was fulfilling their responsibilities. The provider told us these visits were not recorded but that he would do so at set intervals going forward.