Care In Mind Limited

Lyndhurst

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 31 December 2015 and was unannounced. The service is a specialist residential home for young people aged between 16-25 years old, who have complex mental health needs and need a residential setting with a high level of support, often after leaving hospital or secure care. There home is registered to care for five people and there were four people living there at the time of the inspection. Only one person was present during the inspection. This was the first inspection since the home was registered.

There was a registered manager in post who was planning to leave to manage another home within the organisation. Another manager was recruited and was working alongside the registered manager. This manager had applied to the Care Quality Commission for registration but this was not complete at the time of our visit. 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.'

Staff were very knowledgeable about how to support people to stay safe and there was a lot of emphasis on empowering people to manage risks in an enabling way. There was no environmental audit in place, although this was being considered.

Staff had a confident knowledge of safeguarding and how to ensure people were protected from abuse.

There was extensive support for staff and staff reported feeling fully supported by the organisation in every aspect of their work; as a result the people they felt equipped and resilient to support people in their care.

Staff were passionate, caring and dedicated to their work. People were involved and included in all aspects of their care and support. Staff were respectful and there was evidence of good relationships with people.

Care was highly person centred with young people at the heart of what took place in the home. People knew how to complain and there was access to independent advocacy if required.

There was evidence the organisation invested in the well-being of staff, who in turn were able to support young people effectively.

There was an open and communicative culture and a sense of cohesion between professionals supporting people in the home, with strong links and evidence of working together.

Not all documentation to illustrate the practice in the home was up to date or complete.

The home was well run, with joined up care and support, specialist input and a nurturing setting.

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 understood how to identify the signs of possible abuse and were confident about how to report safeguarding concerns appropriately.

There was a clear emphasis on empowering people to manage their own risks.

Staffing levels were high to ensure people's individual support needs were met.

Is the service effective?

Good

The service was effective.

Staff had good opportunities for training and development specific to their work with people.

Staff had a good understanding of legislation around mental capacity.

Individual dietary needs were met well with people fully involved in their own meal planners.

Is the service caring?

Good

The service was caring.

Staff expressed commitment and dedication to their work with people and they were passionate about providing care that was based around people's individual requirements.

We saw staff were respectful when engaging with people and it was evident people were fully involved and included in what was taking place in the home and in their own care and support.

Is the service responsive?

Good

The service was responsive.

Care was highly person centred and staff placed people at the heart of what took place.

People said they knew how to complain should they wish to.

Is the service well-led?

Good

The service was well led.

Staff were motivated and clear about their roles and responsibilities.

There was a culture of openness and transparency within the home.

Most systems were in place to illustrate the quality of the service provision.

Lyndhurst

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.

This inspection took place on 31 December 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information we had about Lyndhurst. We contacted the local authority and safeguarding teams as part of the inspection. We spoke with one person who used the service during our visit and we were given contact details for relatives of two others. However, although we attempted to make contact we were unable to obtain any feedback. We spoke with the registered manager, the proposed new manager, the nominated individual, the service manager and three staff. We observed how people were cared for, inspected the premises and reviewed care records for one person. We also reviewed documentation to show how the service was run.

At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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. On this occasion we had not asked the provider complete this document

Good

Is the service safe?

Our findings

We were only able to ask the views of one person who used the service. They told us they felt safe living at Lyndhurst. They said they did not like hearing the fire alarm during fire drills but told us staff gave them individual assurance about this to help them know what to do in an emergency.

We saw high staffing levels were maintained in the home and the staff rotas verified this. Staff told us in addition to high ratios of staff, they were able to access advice and support throughout the day and night should this be required. The registered manager told us there were regular bank staff in addition to the staff team and these were staff who knew the people well and understood their needs.

Staff told us they had been recruited in a robust and thorough way, with references and Disclosure and Barring Service (DBS) checks undertaken before they commenced work. Staff told us they had been extensively interviewed and carefully selected for the role. The registered manager and the service manager told us people who used the service were often involved in the recruitment and selection process and assisted with the interviews. One member of staff out of three we asked said people had not been part of their interview panel when they were recruited. We spoke with one new member of staff in post for one week and they told us they we receiving a thorough induction into their role until they felt confident.

Staff told us, and we saw, the environment was maintained in a homely way, with no potential hazards removed. However, there was no environmental risk assessment carried out and the proposed manager said this was something they intended to do. Staff said that where a person may be at a particular risk, such as through self harm, they placed the person at the centre of their individual care and risk management and empowered them to take responsibility for managing their own risks. Staff told us that all those involved in a person's care, along with the person, worked collaboratively and developed specific safety plans for managing risks. We saw clear risk assessments in care records that guided staff through a flowchart of how to help people manage risks and what to do in emergency situations.

Policies and procedures were detailed in relation to health and safety and there was evidence of routine safety checks, such as electrical safety, first aid box contents and a health and safety inspection checklist. The maintenance record listed items in need of repair and these were rated red, amber or green in terms of priority, although was no date annotated on the record to show when matters had been attended to.

People and staff were all included in opportunities for health and safety training and generic safety risk assessments. Staff told us that people's safety around the home was supported through opportunities for independent living and the awareness of potential hazards.

We saw weekly fire checks were recorded and equipment was tested to ensure reliability. Staff we spoke with were aware of fire safety in the home, although records relating to fire safety were not robust. For example, we saw a fire drill induction record sheet that was not dated and did not contain all current staff names. The registered manager assured us that all staff had received this induction and staff we spoke with confirmed this. The fire risk assessment was dated November 2013, with no evidence this had been reviewed

since then. Staff signatures for evacuation plans and personal evacuation plans (PEEPs) had not been included since August 2015 and there was no evidence of a fire drill carried out since July 2015, although new staff had come into post since then. The registered manager told us this was due to documentation not being updated, rather than a concern about practice and this was confirmed by the new staff we spoke with.

Staff we spoke with were confident in their understanding of the safeguarding procedure and how to identify and report any concerns. Staff said they were aware of the whistleblowing procedure and felt they would be supported to implement this should they have concerns about practice in the home. The registered manager told us that all staff had safeguarding training to level three and managers to level five to be able to deal with any concerns or allegations of abuse.

People were supported to administer their own medicines and we saw these were stored securely within individual locked cupboards in the treatment room. We were told a recent audit of medicines management was carried out by the supporting pharmacy and where the pharmacist had made recommendations and action plan had been drawn up to address these. For example, a list of staff authorised to administer medication was devised and a new cupboard was on order for the storage of controlled drugs. Medicines administration records (MARs) were clear and easy to follow. Staff told us they used their own documentation for this for consistency within the company. We noted the pharmacist had recommended a photograph of each person be attached to the medicines record, but staff explained people may decline to have their photograph taken. Staff told us that because there were only four people in the service and consistent staff, identification of people was not a cause for concern. Staff we spoke with described safe practice that was in keeping with the policies and procedures of the service.

Good

Is the service effective?

Our findings

The person we spoke with told us they felt staff were 'good at their job'. Staff we spoke with said they had many opportunities for training and development and said they felt extremely valued and highly supported to carry out their roles and responsibilities. We saw the training matrix was extensive and illustrated staff had undertaken a range of different role specific training courses as well as mandatory training. The service manager told us they took a lead in governance and quality and they emphasised the importance of investing in staff training and ensuring the right staff were recruited for the role. They told us training was mostly interactive and face to face, rather than on line and staff we spoke with confirmed this was so. We saw on one person's care record it showed staff needed training to administer a particular medicine in an emergency. Staff confirmed this was not yet done, but spoke about how training was planned to ensure the person's needs were fully met and they confidently explained the emergency procedure they would follow until training was complete.

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. The registered manager and staff we spoke with all had an understanding of the legislation and how it impacted upon their work. The registered manager told us no one in the service was subject to a Deprivation of Liberty Safeguard, although there was a clear understanding of when this may be necessary.

Staff told us they did not use restraint in routine situations. Staff told us they were committed to delivering therapeutic care and used the 'Safewards' model, adapted as 'Safe Homes' for the residential care setting, to identify factors that may lead to conflict. The principles of this were used to support the organisation's least restrictive policy in order to meet the complex needs of people. Staff were trained in techniques of 'Preventing, Protecting and Restoring' which they referred to as PPR, for use in crisis management and only in life threatening situations. The emphasis was not on restraint but on reflecting upon risky behaviour and situations to develop understanding and promote learning. Staff were confident, clear and emphatic about using positive strategies to de-escalate challenging situations, which they said worked well towards achieving positive outcomes for people without placing restrictions upon them. People held their own keys to their rooms and staff said there was an open door policy in the home for people to come and go.

Staff told us they had regular opportunities for reflective practice and they understood the emotional impact of their work with people. Managers told us they actively supported staff through reflective practice, debriefs following stressful situations and regular supervision. We saw records of reflective practice and staff supervision, although these did not illustrate sessions had taken place as regularly as staff said they did. For example, we saw records for only February, June, November and December 2015.

We found there was much emphasis on working collaboratively with people and seeking their consent. Staff told us they always knocked on people's doors and did not enter without their permission, unless there was a serious concern. It was clear that people made their own decisions and staff supported them with their

decision making; where people made choices that compromised their safety staff said they negotiated with them around the risks, but always respected their rights to choose for themselves.

The registered manager told us people were involved in planning and preparing meals and all dietary needs were catered for, as well as support for budgeting for healthy eating. The clinical nurse told us they worked with people to decide their individual meal planners and all people took a turn to cook once a week for everyone. We were told people were involved in the grocery shopping and there was regular discussion around healthy eating. The person we spoke with said they always had the food they liked and they never felt hungry. They told us they could access the kitchen to make meals and snacks. We saw evidence on the person's care record they had been involved in making choices about their diet and lifestyle. For example there was a diagram of the 'eat well plate' showing a balanced diet and we saw the person had written their own diet plan.

Good

Is the service caring?

Our findings

The person we spoke with told us the service was caring. They said they felt staff related well to them and 'took time to listen'. The person told us they felt involved in what took place in the home and that staff gave good explanations. For example, they said staff had explained about the inspection process and what it was for.

Staff we spoke with emphasised their work was based around the individual needs of every person in the service and they used a flexible approach to care, depending upon the needs of a person at any particular time.

We saw when staff interacted with the person in the service, this was respectful and there was evidence of good relationships. For example, the person in the service told staff they had an idea and staff listened and affirmed to the person their idea was a good one, and agreed they should carry it out.

It was clear from care records that staff worked with the aim of developing people's skills in independence and empowering them to maintain safe and fulfilling lives. Care was coordinated by the clinical nurse specialist who spent time each week discussing with each person their needs and expectations. The registered manager told us the aim was for people to make a transition to a lesser dependent service or to independent tenancy, depending upon their needs.

Staff told us when people were on home leave and staying with families, support continued in the form of telephone calls to each person, to ask about their well-being. Staff also extended their care and support to accompany people whilst they were in hospital.

Managers told us people were supported with advocacy should they wished to have someone to represent them. Information was available in the home for people to access and staff said they would ensure all people had access to the independent advocacy service if required.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person told us they were able to pursue activities that especially interested them, such as keeping pets and engaging in creative arts. The person showed us their pets and we saw their artwork was displayed. One person told us they had chosen their room at Lyndhurst and had personalised it with their preferred colour scheme and they agreed to show this to us. We saw the person's room had many personal effects, such as photographs, art work and objects of interest. We saw a summer house in the garden which one young person told us was solely for them, they had decorated it to their taste and it contained personal items and comfortable seating for them to engage in activities, such as art and craft or study.

The registered manager described to us how a thorough and detailed assessment took place with people, followed by a very gradual and personalised transition before they came to stay at the service. The registered manager said transitions to the home typically took around six to eight weeks but these were flexible to the needs of each individual and there was no time limit as to how long this could be. Placement into the service took account of historical risk assessments, liaison with relevant other professionals, assessment of the person's needs including family and educational, along with the compatibility with the other people in the home. Transitions involved the person at each step and included a period of getting to know the person and discussion of their individual risks. There was a gradual introduction to staff with a core team of three staff and a buddy system with a person already placed at the home. Overnight stays were built up gradually at a pace determined by each person.

Care was highly person centred and staff placed people at the heart of what took place. Staff spoke about adapting care and routines around each person's individual needs. Care plans were detailed and showed people were consulted and included in all matters about them and where they declined to be involved this was recorded. Where discussions about care took place with individuals, there was clear identification of other professionals involved in the person's care and there were systems in place to establish realistic achievable goals. The person we spoke with told us they did not like being involved in their care plan but said they were always asked and staff took account of their wishes and points of view. They said they were aware of their care plan but did not have any interest in this.

We saw care plans were written in the first person and signed by the person where appropriate. We saw although there was a pen picture of the person, this was out of date and had not been reviewed. Staff showed us the young person's whiteboard which had information about each person and we saw activity plans were in place in their files.

Staff said there were mutual expectations and they used positive words, avoiding the word 'no' in the home. We saw there was evidence of young persons' expectation groups and service user participation groups as well as individual meetings with each person to find out their views. We found the service was very homely and the person we spoke with told us they felt 'at home'.

One person told us they knew who to complain to if they were unhappy with the service, although said they

had no reason to make any complaints at all. Complaints information was available to each person in their room and staff we spoke with said they would support people to make a complaint should they wish to do so. We saw the complaints policy and procedure and all details were recorded along with action taken. Compliments were also recorded in the complaints and compliments file.

Good

Is the service well-led?

Our findings

The person we spoke with said they thought the home was run well. They told us they knew who the manager was and they were often visible in the service.

There was a registered manager in place who had been in the service since it opened. There was also a proposed new registered manager who had been recently recruited because the original registered manager was scheduled to move to another home within the organisation. Both managers worked closely together to create a streamlined handover of responsibilities and the registered manager said they would remain as a remote source of support for the new manager.

Staff we spoke with said they considered the home was well managed, both within the service and within the wider organisation. There was a culture of openness and transparency and all staff we spoke with reported that communication was good, with high levels of support from the organisation.

All staff were committed to the ethos of the home and consistently described its values, with high priority given to ensuring the safety and wellbeing of the people who lived there. Staff reported feeling motivated and enjoying their job and said there were designated champions for different aspects of the running of the home.

We saw there were quality assurance systems in place to assess and monitor the quality of the provision. Managers from within the organisation visited regularly to support the registered manager and the staff team. Reflective practice was a key aspect of ensuring the quality of the service and staff said they valued this as a tool for learning and development, for individuals and for the service. Managers spoke about plans for continued development of the services through the service review process.

We saw staff were given training questionnaires about their skills and competencies to establish how confident they felt in carrying out their duties effectively. Where some newly appointed staff said they did not fully understand the DoLS, action plans were produced to show how training would be implemented. Staff were knowledgeable about the fundamental standards of care and how the inspection process was used to drive quality. Where there had been a quality audit carried out by a local authority, action plans were drawn up to address recommendations made.

We saw documentation to illustrate how the home was run, in relation to buildings and equipment maintenance. Some records were not all maintained up to date, such as team meeting minutes, although staff confirmed these took place regularly. The registered manager told us they were aware they may be gaps in recording that did not fully reflect the work that took place within the home.