Lindum House

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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

Overall summary

This inspection took place on 21 November. It was an unannounced inspection.

Lindum House is registered to provide accommodation for up to 20 adults with learning disabilities who require personal care. At the time of the inspection there were 16 people living at the service.

The service had a registered manager. 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 had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. On the day of our inspection we saw equipment, which may be harmful to people, was not secure. However the manager immediately arranged for the area to be secured.

Summary of findings

People benefitted from staff who understood the principles of the Mental Capacity Act (MCA) (2005). The MCA is the legal framework to ensure where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. Care staff we spoke with had completed training on the Mental Capacity Act 2005.

Staff had the knowledge, training and skills to care for people effectively. Staff told us, and records confirmed they were supported to carry out their role. Staff had regular meetings with their line manager and could access further training, for example, national qualifications.

Throughout our visit we saw people were treated in a caring and kind way and staff were friendly, polite and respectful when providing support to people. Relatives we spoke with were complimentary about the care staff provided. Staff gave people the time to express their wishes and respected the decisions they made.

People were assessed, care plans were regularly reviewed and staff were knowledgeable about the people they supported. There were regular meetings for people where they were encouraged to comment on the service and information was shared.

There were a range of audits in place to monitor and improve the quality of the service. Where the audits had identified actions to be taken, these actions were then used to develop the service and make improvements. Staff, relatives and professionals spoke highly of the management team.

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?
The service was safe people told us they felt safe.

People received their medicine as prescribed.

There were sufficient staff on duty to meet people's needs.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

Good

Is the service effective?
The service was effective.

Staff had the training, skills and support to care for people. People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Good

Is the service caring?
The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefitted from caring relationships.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to them entering the service and staff were responsive to people's changing needs.

Staff were knowledgeable about the people they supported.

Good

Is the service well-led?
The service was well led.

The management team understood the needs of the people within the service.

Accident and incident forms were audited to enable any trends or risks to be identified.

Good

Lindum 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 was 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 the on 21 November 2015 and was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were 16 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with three people, two relatives, six care staff, the manager, the registered manager and one healthcare professional. We reviewed six people's care files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included "Yeah I am safe here the staff look after me" and "If I had a problem I would go straight to staff". Relatives told us "My son is most definitely in a safe place they are brilliant" and "They are looked after well".

Medicines were stored securely in a locked cabinet. However there was no system in place to monitor the temperature of the room in which the medicine cabinet was situated. This meant that the service had no system to ensure that medicines were stored in line with manufacturer's guidelines. The service had recently had an annual check by the local pharmacist. This check highlighted the 'room should be monitored for temperature'. We spoke with the provider about this and they produced evidence this was being addressed.

People were not always protected from the risks of their environment. For example, on the day of our inspection we found cupboards which the home was using to store maintenance equipment and sharp tools were unlocked and were in parts of the home that people would have unsupervised access to. This meant that people were at risk of harming themselves or others. Following our inspection the provider took remedial action to mitigate this risk by fitting locks to the doors.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. However we found gaps were present on people's Medicine Administration Records (MAR) charts. This meant that people were at risk of not receiving their correct dose of medicine. We spoke with the provider about this and they confirmed that this was a recording issue and that this would be addressed immediately with staff. Medicines administered 'as and when required' included protocols that identified when medicines should be administered. Staff had a clear understanding of the protocols and how to use them.

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager or deputy manager. Comments included; "It's important that we understand our service users patterns of behaviour in order to recognise when things might not be right", "I would report straight to the manager" and "I would go to my manager first".

Staff were also aware they could report externally if needed. Staff comments included; "If I had to I would go to the CQC (Care Quality Commission) or the police", "I would consider going to CQC and the local authority" and "I would report it to safeguarding". We saw evidence of how the service had recently liaised with the local safeguarding team and police to protect people from an identified risk.

Individual risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of 'getting lost in unfamiliar environments'. Guidance for staff included 'staff to continually remind [person] to stick with the group when carrying out activities'. Staff we spoke with were aware of these plans and followed this guidance. One member of staff we spoke with told us "We also carry out exploratory work with [person] as well so they can get used to new environments".

There were sufficient staff on duty to meet people's needs. Staff comments included "We never have issues with staffing levels", "If there was a shortage of staff for whatever reason then we would ring around staff to see who could come in, I've been here 12 years and it's never happened" and "Duties are always covered". During the day we observed staff were not rushed in their duties and had time to chat with people and engage with them in activities. The manager told us "staffing levels are matched to individual needs, and should the needs of our client group change then we would re address this". The staff rota confirmed planned staffing levels were maintained.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with a new member of staff who told us "You cannot work unsupervised with clients until all the checks have come back".

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included: "Staff understand me well", "I am doing great in here thanks to the staff, they understand me" and "I used to do drastic things but now I talk about things, staff have really helped me". One relative we spoke with told us "They know everything about my son, the staff are great".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included: Safeguarding adults, medication, health and safety, food hygiene and fire safety. One staff member we spoke with told us "You can't work with clients until you have successfully completed the induction".

Staff received appropriate training to enable them to support the needs of individuals whose behaviour may challenge others. Staff received regular supervision and appraisals. Records showed staff also had access to development opportunities. For example two staff members we spoke to had recently completed a national qualification. Staff comments included "There is loads of different training you can ask for", "I am just about to start my NVQ" and "I recently asked for a development opportunity and they put it in place".

Staff told us they found the supervision meetings useful and supportive. Comments included, "Every supervision has the same agenda items, it includes safeguarding and how we are doing", "We are always asked about what we would like to do for our clients" and "I can highlight training needs and ask for support".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Records showed that staff had been trained in the Mental Capacity Act (MCA). All staff we spoke with had a good understanding of the principles of the (MCA). Comments included: "Someone has capacity until deemed otherwise", "You have to respect choice even if you think it might be the wrong choice", "It's not about control it's about individual choice", "Best interest decisions should be done as a collective and not just one person's decision" and "It's there to protect the rights of our service users".

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best interests. One person we spoke with told us "I can come and go as I please".

People had sufficient to eat and drink. People were invited to participate in the planning of menus on a Sunday for the rest of the week. We observed that people were given a choice. We spoke with the manager about this who told us "We have a set menu, but we check in daily and cater for individual needs". Where people decided they wanted an alternative on the day they had access to a kitchen and were able to select a meal of their choice.

People's healthcare needs were regularly monitored. People had access to health care professionals where needed, such as doctors and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans. For example, one person who had diabetes had a 'health action plan' that recorded their weight and dates of upcoming eye checks. All care records that we looked at contained information on upcoming healthcare appointments as well as previous appointments attended.

Good

Is the service caring?

Our findings

We observed that people benefitted from caring relationships with the staff. For example one person glasses had steamed up from coming inside following a shopping trip. The staff member said "[person] would you like a hand with your glasses". The person nodded their head to the staff member. The staff member removed the glasses and gave them a wipe. The staff member then asked "Are you ok for me to put them back on [person]. Again the person nodded at the staff member. When the staff member replaced the glasses. The person looked at them with a big smile on their face and gave the staff member the thumbs up". Relatives we spoke with told us "The staff at Lindum are very caring" and "The staff are brilliant".

Staff spoke with people in a warm, respectful and patient manner. Staff listened to what people were saying and gave them time to express themselves. Interactions were kind and caring. People were treated as individuals. For example, one person who really enjoyed a television show had a trip arranged for them to spend time on the set. This person had pictures of the trip on display in their room which they were clearly proud off. This showed staff were aware of this person's interests.

During our inspection one person became agitated. Staff understood why this had happened and took action to manage this person's stress. Staff responded in a caring and respectful way. The staff member bowed their head and moved to the side of the person and then engaged the person with humour about the situation. This action resulted in the person becoming more relaxed. Another staff member then asked the person if they would like a game of their favourite board game. The person showed excitement and went away with the staff member. We looked at this person's care record which included guidance on how to support the person when anxious. Guidance included 'Lower your head and stand to the side of [person] and 'Humour and laughter helps me relax'.

Staff treated people with dignity and compassion. When staff spoke about people to us or amongst themselves they were respectful. All the records we looked at used respectful language. Staff knocked on people's doors and waited to be invited in before entering. Where they were providing personal care, doors were closed. One staff member told us "We make sure that doors are shut and we always seek consent and tell people what we are doing". Care records highlighted people's faiths and religious practices. We saw evidence that people were supported to follow their faith in the way that they liked to.

People had their own rooms which enabled them to maintain their privacy. Staff we spoke with told us people were encouraged to personalise their rooms. Every person's room had been personalised and made to look homely. One person told us "This is all my stuff. You can have your room how you like it".

People were involved in the day to day running of the home. The home had established quarterly 'Tenant house meetings', which were used to discuss the day to day running of the home. For example, menu suggestions, gardening ideas and holiday and day trip suggestions. One of the holiday suggestions was a trip to France. We observed evidence this had taken place. Suggestion and comments boxes were available throughout the home for people to use.

Information relating to people and their care was held in the office. The office had a locked door ensuring people's information remained confidential.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. Prior to moving into the home people were encouraged to visit. We saw evidence of how one person had been invited to attend a BBQ at the home to help lower the person's anxiety. The registered manager and manager also carried out home visits prior to admission.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. Care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively whilst responding to people's needs.

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. Things of importance to people were highlighted in an 'All about me' section of the care plan. One person's plan highlighted how they 'liked to chat' and 'please don't finish my sentences for me'. We observed staff following this guidance when speaking with this person. Another person's plan contained details of how they liked spending time in the garden growing flowers and vegetables. The care plan gave guidance to staff that included '[Person] is to be allowed as much time as they want in the garden'. We spoke with this person who told us "I've currently got some runner beans growing, we did have some pumpkins but they have all gone" and "I can go out gardening whenever I want". The garden area was spacious. This person also showed us an area where they and other people grew different flowers.

Care records included guidance on how to support people who may demonstrate behaviour that challenges others. For example, one person's records highlighted potential barriers to receiving personal care. The care plan highlighted behavioural indicators and action that staff should take to mitigate the risk. Another person's care records had guidance for staff not to say to a person 'what's wrong' as the person could not explain this and as a result would become frustrated.

We saw evidence of how the service sought the advice from other professionals and took practical action. For example, the service had made a referral to the community psychiatric team following a life changing event a person had experienced. We saw evidence of how the service had acted on recommendations made and as a result introduced new tools and techniques to respond to this person's needs. This was supported by feedback from the person's relative highlighting a positive change in the person.

People's care records demonstrated they were supported to avoid social isolation by engaging in a wide range of meaningful activities. For example, going to local coffee mornings at the local church, trips to a local safari park, skittles, shopping trips and days out at the seaside. The planning of activities at the home was led by people with the support of staff during one to one meetings and 'quarterly client meetings'.

People had meetings to discuss holiday options. We saw evidence that people had been on holidays that included holidays to France, America and cruises. People also had a choice if they wanted to go on their own. People who had enjoyed a recent cruise holiday had decided that was what they were going to do again next year.

The service had a complaints policy displayed throughout the home. There had been no complaints since our last inspection. One relative we spoke with told us "I have never had to make a compliant but I would if I had to".

Good

Is the service well-led?

Our findings

Relatives we spoke with told us "The managers are brilliant I can't fault them or the staff" and "They are really good". Staff spoke positively about the registered manager and deputy manager and felt supported by them. Comments included "They want to do everything right" and "They are honest and they care". One healthcare professional we spoke with told us "They are very responsive to learning".

Staff were confident the management team and organisation would support them if they used the whistleblowing policy or raised a concern. Staff felt able to approach the registered manager and the deputy manager at any time for help and guidance. One member of staff said "Management are really approachable".

The registered manager told us the visions and values of the home were "To continually develop our person centred approach and making ongoing improvement. To continue to value our staff whilst taking a person centred approach to their development". It was evident from speaking with staff they shared the same visions and values.

Accidents or incidents were documented and any actions were recorded. Accident and incident forms were audited to enable any trends or risks to be identified. For example, following a number of incidents that involved reflective surfaces the service fitted toughed film to surfaces and removed glass frames. The registered manager then worked with an occupational therapist relating to 'Sensory challenges' that people may have.

Although there were a range of audits in place to monitor and improve the quality of the service, these were not always effective. For example, there were gaps in people's medicine records. People were also at risk of accidental harm by accessing areas of the home that should be secured. However, where risks were highlighted during the inspection, the registered manager and deputy manager took immediate action to mitigate these risks. For example, the manager provided evidence that areas had been secured and gaps in records had been addressed with staff.

The provider carried out an annual quality assurance survey. The survey was sent to relatives, friends and stakeholders. The results of these recent surveys were positive about the home. The home was continually looking to improve. For example, the registered manager wanted to increase the number of stakeholder satisfaction surveys that were returned to the home., As a result of the number of stakeholders who don't respond the home are planning to adopt a different approach that will include the use of telephone interviews during their next survey to increase the response rate.

Regular staff meetings were held. The registered manager told us these were used to "Discuss practice and share experiences". Staff told us "We are always looking at improving" and "We are always talking about making a better service for our clients".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager and manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies, particularly the NHS and local authority. The service had links with local learning disability teams and with the local community. We spoke with a healthcare professional who spoke positively about the service saying "The managers are in my top three people who deliver such a person centred service, a lot of people at the home have not succeeded elsewhere but are doing really well at Lindum".

We also observed evidence that the home had positive links to the community that included local advocacy services and churches.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.