

United Health Limited

Lindum Park House Care Home

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

We inspected Lindum Park House on 18 February 2016. The inspection was unannounced.

Lindum Park House is a Grade 2 listed building situated close to the centre of Lincoln city. It is registered to provide accommodation, care and support for up to 17 people who experience issues with their mental health. There were 14 people living in the home on the day of our visit.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our visit no-one was subject to any restrictions to their freedom.

People were treated with respect and kindness. They were involved in planning the care and support they wanted to receive. They were encouraged to express their views and opinions and be involved in how the home was run.

People were able to make their own choices and decisions and staff knew how to support them appropriately if they had any difficulty doing so. They were supported to enjoy a varied social life and engage in hobbies and interests that were important to them.

People received support and information about how to stay safe and staff knew how to recognise and report any concerns for people's safety and welfare. Systems were in place to manage complaints and people knew how to use the system should they need to.

People received their medicines in a safe way and they had good access to a range of healthcare services. They were supported to eat and drink enough to stay healthy.

Staff had a good understanding of people's needs and wishes and they received appropriate training and support to ensure they met them in the ways people wanted. There were enough staff employed to ensure people's needs were met in a timely manner and the provider had carried out checks to ensure that staff were suitable to work with the people who lived in the home.

Effective quality assurance systems were in place to identify any shortfalls and improve the care and support people received. The registered manager provided effective leadership which enabled open communication

and a supportive culture.

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 felt safe and were supported in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns.

There were enough staff on duty to ensure people's individual needs were met.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills required to meet their individual needs and promote their health and wellbeing.

People were supported to take good nutrition and hydration and access any healthcare support they needed.

People were supported to make their own decisions wherever possible and staff knew how to support people who lacked the capacity to make some decisions for themselves.

Is the service caring?

Good ●

The service was caring.

People were treated in a way that upheld their dignity and privacy.

People were respected as individuals by staff who showed genuine concern for their wellbeing.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their needs and wishes and supported their aspirations.

People were supported to engage in hobbies and activities they enjoyed.

People knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

The service was well-led.

People were encouraged to express their opinions so that their views could be taken into account when planning improvements.

The registered manager had the right level of knowledge to provide effective leadership within the home.

The provider had systems in place to assess and monitor service quality.

Good ●

Lindum Park House Care Home

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 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 18 February and was unannounced.

The inspection was carried out by a single inspector. Before we visited we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as the local authority and service commissioners.

We spoke with eight people who lived in the home and two people who were visiting. We looked at three people's care records and we also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with two members of care staff, the deputy manager and the registered manager. We looked at three staff personnel files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

All of the people we spoke with told they felt safe living in the home. One person told us, "Of course we're safe here." Another person said, "I'm very safe here, they make sure we know what to do in a fire and who to go to if we feel bullied." The person went on to describe a situation in which they had felt unsafe within their bedroom and told us how staff had helped them to overcome this.

Staff demonstrated a clear understanding of how to help people stay safe. They told us and records confirmed that they received regular training to ensure their knowledge was up to date within this area of need. They knew how to recognise signs of potentially abusive situations and how to report any concerns both within the home and to external agencies such as the police or the local authority. We saw that one member of staff was supported to take a lead role to monitor safeguarding arrangements within the home. The registered manager told us this system was in place so as to ensure staff were up to date and well supported to maintain good practice. Our records showed that the registered manager and staff worked together with external agencies to ensure that any situation which compromised a person's safety was managed quickly and appropriately and plans were put in place to reduce the likelihood of it happening again.

People who lived in the home told us about a training and information pack which staff helped them to work through. We saw it included information about what to do if the person felt they were in an unsafe or abusive situation. It also included information about fire safety, safety in the kitchen and how to prevent the spread of infections.

People who lived in the home spoke knowledgeably about how risks to their health and wellbeing were managed. They told us staff helped them to recognise where risks may be present and work out a plan to reduce those risk. One person described how they sometimes did not recognise changes in their mental health and this placed them at risk within their daily life. They said they had a plan in place that showed staff how to support them through this time, which also included how staff could support them to stay well for longer. Another person told us about how staff supported them to manage risks associated with their mobility and health needs. Records confirmed what people had told us and we saw up to date risk assessments and management plans were in place for areas of risk such as falls, medicines, poor nutritional intake and people's mental health.

Staff described their recruitment process which was in line with the provider's policy and procedures. Records confirmed that all of the relevant checks had been carried out before staff started to work in the home. We saw, for example, checks had been carried out about their previous work history. They had also undergone checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with the people who lived in the home.

People who lived in the home told us there were enough staff on duty to help them with whatever they needed. One person said, "There's always plenty of staff around to help us." Staff also told us there were enough staff on each shift and said arrangements were always made by the registered manager to ensure

any short notice absences were covered by the provider's bank staff system. Staff rotas showed that the numbers and deployment of staff that the provider had assessed as necessary to meet people's needs were on duty. We saw that agency staff had not been used to cover shifts within the home for at least the six month period prior to our visit. The registered manager told us the use of agency staff is avoided so that people are supported only by staff that they are familiar with. They said this helped people to feel more confident and secure about their support network.

People who lived in the home told us they received their medicines as they had been prescribed by their doctors. One person described how they had been supported to manage their own medicines. They said this had helped them to gain more independence and a sense of "control" over their own life. They told us how staff had supported them through various stages of an assessment process to make sure they were safe to manage their own medicines.

We saw that the arrangements for the ordering, storage, administration and disposal of medicines were in line with good practice and national guidance. This included medicines which required special arrangements for storage and recording. Medicine administration records were up to date and completed in full. Staff told us and we saw from records that they were trained to administer medicines in a safe way. They demonstrated their knowledge and skills in this area when we observed them administering medicines to people. Risk assessments were in place to support people to stay safe with their medicines. However the registered manager acknowledged that improvements could be made to the way in which risk assessments were completed for those people who took their medicines with them when they went out of the home. The registered manager told us about the actions they would take to make those improvements.

Is the service effective?

Our findings

Staff demonstrated a detailed understanding of people's needs and wishes. People who lived in the home told us staff knew them very well. One person said, "Staff can see I'm a bit off even when I don't and they get the help I need into place." Another person told us, "The staff know what they're doing and they are really helpful, I trust them." One other person commented, "They know me so well, they make time to spend chatting with you so they understand you."

Staff told us and records confirmed they received comprehensive induction training when they commenced work at the home. Staff said that it prepared them for their role and gave them time to get to know people who lived in the home. They added that they were able to regularly update and develop their skills by way of an on-going training package. Records also showed that staff were supported to undertake regular training in subjects that were based around people's needs. Examples of this training were anxiety management, managing behaviours which challenge people's lives and diabetes. The deputy manager told us that a mixture of face to face learning and computer based learning was used. They described how computer based training allows senior staff to monitor the level of staff knowledge about a topic based on a scoring system. If expected scores are not achieved senior staff provide extra in-house learning sessions to support staff development.

Staff told us they received regular supervision with senior staff or the registered manager. Records confirmed that supervision arrangements were in line with the provider's policy regarding staff support. Staff said that supervision gave them time to talk about their personal learning and career development. We also saw that staff meetings were used to extend their opportunities for guidance and support regarding their roles. Staff demonstrated that they understood their roles within the staff team and spoke about being supported to carry out lead roles for specific topics such as infection control, medicines arrangements and health and safety arrangements.

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 we spoke with said that staff supported them to make their own decisions and choices about all aspects of their lives. They told us that staff always seek their consent before they carry out any support tasks. Records showed that staff had received training about this subject and they demonstrated their understanding of the subject through discussions with us. We also saw they recognised that people's capacity to make certain decisions could be affected by factors such as the time of day or their current mental state. They took these issues into account when providing support for people. The registered manager and staff demonstrated through discussions with us that they were aware of how to support people if and when they lacked capacity to make decisions for themselves. They spoke about the process for making decisions in people's best interests and how capacity assessments are carried out.

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). At the time of the inspection no-one living in the home had their freedom restricted. The registered manager and staff we spoke with demonstrated they were able to identify situations that may be considered restrictive and that they knew the steps to take to ensure they acted in accordance with the Mental Capacity Act, 2005 DoLS guidance. People's care records showed that information about DoLS had been discussed with them to ensure they were aware of the guidance.

People who lived in the home told us they developed their food menus with staff. They said the menus were flexible and they could choose to eat whatever they wanted if the day's menu did not suit them. People also told us that staff spoke with them about healthy eating so they knew what foods would help them to keep healthy. One person said, "I know what's healthy but I don't always want it and the staff respect that." Another person told us, "Sometimes I don't have much of an appetite; the staff know what sort of foods I can be tempted by."

We saw people's needs assessments and care plans highlighted any issues they may have with nutrition and hydration and appropriate supportive actions had been put in place, such as support from dietitians. We saw that staff had received training about nutrition and hydration. The registered manager told us a lead role for nutrition was being established within the team. Throughout our visit we saw a wide range of drinks were freely available, which most people availed themselves of regularly. Staff responded quickly to requests for drinks when people did not wish to make one for themselves and offered drinks regularly to ensure everyone was well hydrated.

People were supported to access a broad range of local healthcare services. Through talking with people and looking at their care plans we could see they received support from healthcare professionals such as their GP's, Consultant Psychiatrists, community nurses and opticians. Records showed that staff made referrals for healthcare support in a timely manner. One person who lived in the home told us, "If I need to see my doctor or a nurse the staff help me make an appointment straight away." Another person told us, "They know how to help me mostly here but if I do need to see someone else they get them quickly for me."

Is the service caring?

Our findings

People told us they felt staff were very caring and kind towards them. They made comments such as, "Lovely staff, they really care" and "They're fantastic, I only have to ask and it's done." One person told us, "They treat me like an adult, they're very fair with all of us, we're all treated the same way." A person who was moving into the home soon after our visit said, "I can't wait to move in, everyone is great, really helpful."

The registered manager and staff team fostered a relaxed, inclusive and happy atmosphere within the home. Visitors were warmly welcomed by the people who lived there and by the staff team. People had been supported to personalise their private and communal spaces. Examples of this were people's personal art work being displayed. One person told us they felt proud to have their drawings on display. Two other people invited us to see their bedrooms so that they could show us how comfortable they were in their rooms. One person said, "It [bedroom] might look a bit messy but that's how I like it, the staff know that."

Throughout our visit we saw staff supported people with kindness and respect. They demonstrated a willingness to listen to people's views and understand their thoughts and feelings. People told us staff listened to their views and opinions which made them feel valued as individuals. People also had access to information about advocacy services. These services are independent of the home and can support people to communicate their wishes and opinions. One person told us they knew about these services but they had not had occasion to use them.

Staff supported people to understand how others who lived in the home may be feeling and acted as positive role models for social interactions and communal living. An example of this approach was staff being able to take meals with people who lived in the home. We joined four people during lunch and saw that those who wanted to had been involved in preparing their meal. They told us everybody had the opportunity to be involved in preparing and cooking meals and it was their own choice as to whether they wanted to or not. One person told us they enjoyed taking meals with staff because it was a "normal" thing to do.

People told us that they felt well supported by staff if they were feeling anxious or upset. One person described a situation in which they had felt very anxious. They said staff and the registered manager had given them time to talk through their feelings and reassured them. They told us, "Sometimes a hug makes everything seem better and they'll do that for you." Another person told us how staff had supported them to write letters to themselves when they were feeling well. They said, "It's good because I can read them back when I'm feeling bad and I know it won't last forever."

We saw staff gently encouraged people to take part in many household activities in order to maintain their independence. People told us they had received information about food hygiene and kitchen safety and staff supported them to develop these skills which promoted their independence. They told us about being supported to stay overnight with friends or family which again helped them to develop their independence and confidence. One person said they liked to keep the garden and the outside smoking area clean and tidy and liked helping with their laundry. Another person said, "This is a fantastic place, I'm really supported to

develop my independence. I've come a long way since I moved here."

Staff recognised the importance of promoting people's privacy and dignity. People told us that staff made sure they talked to them in private about their needs and understood when they needed or wanted to spend time on their own. Some people told us they had chosen to have a key to lock their room when they were out. They also told us staff always waited to be invited in to their private spaces. We saw staff maintained this approach throughout the visit. We also saw that staff understood the importance of maintaining confidentiality in relation to people's personal information. People's personal records were stored securely and computer based information was protected by passwords.

Is the service responsive?

Our findings

People had been consulted about their needs and wishes before they moved into the home. Records showed that assessments were carried out before people moved in so that staff could make sure the right support for the person was in place. An example of this was alterations that were being carried out to a bedroom as a result of specific needs that had been identified before a person moved in. Where it was appropriate people were offered the opportunity to visit to get to know people who lived there and the staff team. The registered manager told us that some people found this reassuring and helped them to settle in more easily. We saw an example of where people had visited and others who lived in the home had taken them on a walk with the pet dog who lived at the home so they could become familiar with the local area.

Care records demonstrated that people were encouraged to be involved in making decisions about all aspects of their care. We saw people had been encouraged to say what support they wanted and how they would like it to be provided. They were also involved in regularly reviewing whether their needs were being met. One person spent time showing us their care records and demonstrated how they were involved. They told us their keyworker had helped them set personal goals and they could see how well they progressing because they had regular meetings with their keyworker. Another person told us, "I've got care plans but I'm not interested really, I'll leave it to the staff, I'm ok as I am." They went on to tell us that staff, especially their keyworker, provided all the support they wanted in the ways they preferred.

Care plans contained clear guidance for staff about how to meet people's needs and wishes. They included information people had told us about such as what time of day they liked to get up, who was important in their lives and how to support their physical health needs. People's goals and aspirations were also recorded, together with their plans for achieving them. We saw that staff followed the guidance that was set out in people's care plans for support with needs such as nutrition and medication.

People told us they enjoyed a good social life and had plenty to do. They said that staff supported them to keep up with any hobbies they had, such as gardening and art, and one person told us they were growing a Christmas tree for the 2016 celebration. People told us they used local amenities when they wanted to such as pubs and restaurants. One person told us about a weekly 'lunch club' where people who chose to went out to a local café or restaurant for lunch without staff support. Two people told us they liked to walk the pet dog who lived in the home, especially around local public gardens. We saw from the minutes of a recent house meeting that people had expressed ideas about other activities they would like such as swimming and gym sessions. The registered manager told us there were plans to introduce support for these activities. The registered manager and deputy manager said they were using the knowledge they gained from nationally recognised training courses to improve the availability of therapeutic activities within the home. A member of staff told us they were encouraging people to engage with creative writing sessions either individually or in a group.

People were aware of the provider's complaints policy and had been given their own copy to refer to should they need to use it. The policy was also displayed within communal areas of the home so visitors and staff had easy access to it. All of the people we spoke with told us they would feel confident to make a complaint

if they needed to. One person said, "I've never had to make a proper complaint but I would use the procedure if I had to." Another person told us, "If we've got any niggles we can usually sort them out with the staff so we don't need to complain." The registered manager told us and records showed that no complaints had been received by the home in the 12 months preceding our visit.

Is the service well-led?

Our findings

People we spoke with told us there was open and fair culture in which everyone had say in how the home was run. They told us they could express their views and opinions within house meetings and they also filled in surveys to say how they felt about living in the home. Records we saw confirmed this. The survey carried out in 2015 showed that people were happy living in the home and there were no issues raised which required actions to be taken. Other professionals who were involved with people's care and support were also offered the opportunity to express their views and opinions about the services provided. The registered manager told us that in the past there was a poor response rate with the questionnaires they used so they had reviewed and updated the system to make it easier for them to respond.

People spoke highly of the registered manager and the staff team. One person told us, "[The registered manager] knows what goes on here, she keeps an eye on the staff to make sure they do their job properly, and they certainly do that." Another person said, "You can go to [the registered manager] with anything and she'll help you."

Staff spoke highly of the registered manager and told us there was always a good atmosphere to work in and the team worked very well together. They said they were kept up to date with information about the home through meetings and discussions with senior staff. They told us they felt their views and opinions were respected and they received a good level of guidance and support from senior staff. One member of staff described working at the home as "fantastic". Staff also told us they were of the provider's whistle blowing arrangements and said they would not hesitate to raise concerns with the registered manager or provider.

The registered manager was established in their post and understood their roles and responsibilities. They made sure we were informed of any incidents or issues which occurred within the home. They made sure any issues or incidents were responded to and managed. Analysis of such incidents was used to learn lessons and improve the quality of care and support people received. We saw an example of this in which a flow chart for supporting a person more appropriately to manage their emotions and behaviours had been devised. This enabled staff to identify issues early on and reduce the impact they had on the person's lifestyle.

The registered manager also had a good overview of the service. They were able to demonstrate a detailed knowledge and understanding of people's needs and personal requirements. They knew the individual strengths of staff and used this knowledge allocate specific roles and task within the team. The registered manager told us they were well supported by the provider through their senior management team.

There was a well-managed system in place to monitor the quality of services that were provided for people. The provider's senior managers and the registered manager carried out regular audits of key areas of care and support such as medicines management, care records, infection control arrangements and accidents and incidents. We saw that where issues had been highlighted within an audit there was an action plan in place to reduce risks and improve quality. An example of this was issues that had been highlighted within a

medicines audit. We saw that actions had been taken such as increasing staff support and guidance. The following two audits demonstrated the effectiveness of the process as no further issues were found.