

Cheshire East Council

Lincoln House Community Support Centre

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

We carried out an unannounced inspection of Lincoln House Community Support Centre on 7 October 2015.

The home is purpose built and provides support and accommodation for up to 42 people. There are five units within the centre. Four provide social care on a respite or transitional basis for adults with diverse and complex needs. For example, people with learning difficulties, dementia, and physical infirmity. There are a number of

transitional beds for people who have been discharged from hospital but are not yet ready to return home. The fifth unit provides adult day care and is not regulated by the Care Quality Commission (CQC). At the time of the inspection there were 22 people staying in the home. The service provided at Lincoln House was being reduced.

Summary of findings

Cheshire East Council were in the process of negotiating contracts with the private sector to provide most of the services in the future and next year will only be providing respite care for people with learning disabilities.

There was a registered manager in post. 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.

At our last inspection we found that the provider was not fully compliant with the safe management of medicines, which had resulted in a minor impact on people who used the service. The provider submitted an action plan telling us how they would address this and had provided further training for the staff and carried out regular audits. During this inspection we found that people received their medication in a safe manner.

Prior to this inspection we received feedback from a GP and a district nurse who regularly visited the service. The GP said the service was "excellent" and the district nurse said it was "very good". During the inspection we spoke to a podiatrist who regularly visited. This person said "It's the best home I visit, nothing is ever too much trouble and the staff are always willing to help people in any way they can".

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were helpful and the care they received was good. Relatives and other visitors told us they had no concerns about the way people were treated. Everyone expressed regret that the service was reducing and many said "I don't think it'll be as good somewhere else".

People's needs were assessed and enablement plans were developed to identify what care and support people required to improve their health and wellbeing and maintain their independence.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the managers. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the provider had used the information to improve the service. This demonstrated that it was a learning organisation.

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 were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their needs.

Medicines were managed safely and appropriate emergency procedures were in place.

Good



Is the service effective?

The service was effective.

Staff received on-going support from managers to ensure they carried out their role effectively. Formal induction, training and supervision processes were in place to instruct staff and enable them to receive feedback on their performance and identify further training needs.

Arrangements were in place to request health, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Good



Is the service responsive?

The service was responsive.

People and their representatives were consulted about their care, treatment and support. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

Good



Summary of findings

People were given choices throughout the day. People were given choice about activities, food and how they spent their day.

People and their relatives were listened to and their feedback acted upon. Complaints were investigated and action taken where necessary.

Is the service well-led?

This service was well led.

The registered manager was well established and well liked. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

There were systems in place to make sure the staff had reflected and learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

Good



Lincoln House Community Support Centre

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 7 October 2015 and was unannounced. We arrived at the home at 10am and left at 4.30pm.

The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed all the information we already held on the service and contacted the GP and

district nurse who visit the service regularly to seek their views. The provider had also 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 our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed seven care records, staff recruitment and training records, and records relating to the management of the service such as audits and policies and procedures. We spoke with five people who used the service and three relatives. We also spoke with the deputy manager, seven members of staff, a PhD student who had been carrying out research in the home for the last twelve months and a visiting podiatrist.

Is the service safe?

Our findings

People who used the service told us they felt safe and relatives told us they had no concerns about the way their family members were treated.

At our last inspection we found that the provider was not fully compliant with the safe management of medicines, which had resulted in a minor impact on people who used the service. The provider submitted an action plan telling us how they would address this and had provided further training for the staff and carried out regular audits. At this inspection people who used the service told us they received their medicines as required. There were policies in place to make sure medicines were safely administered. Medicines were stored safely and administered in accordance with prescriber's directions. We saw medication administration records and noted that medicines entering the home were recorded when received and when administered or refused. This gave a clear audit trail and enabled the home to know what medicines were on the premises. We checked some of the medicines in stock against the home's records and found them to be correct. Appropriate arrangements were in place for disposal of any unused medicines. We observed a medication round and saw that people were offered 'when required' medications, such as painkillers, as well as their other medication, and that medicines were administered safely. We did note that, for two people, specific instructions about the administration of their medicines had not been included in their care plan. However, staff were aware of and following the instructions. This was reported to the deputy manager who said she would make sure the documentation was completed.

The provider had safeguarding policies and procedures in place to guide practice on keeping people safe from harm and staff training records showed that safeguarding training had been delivered to staff. Staff that we spoke with told us what steps they would take if they suspected abuse and were able to identify the different types of abuse that could occur. They said they were confident about raising concerns with the registered manager and that appropriate action would be taken. The information held by the Care Quality Commission (CQC) and the local authority demonstrated that the registered manager followed the correct procedures when any alleged abuse was reported.

Individual risk assessments had been completed which reflected the requirements of the people who used the service. Staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk, which was reviewed at least monthly. Staff were familiar with the risks and knew what steps needed to be taken to manage them. A falls prevention checklist was completed for everyone on admission. Where people had behaviours that challenged the service, management plans were drawn up to inform staff about what may trigger this behaviour and the best way to manage that person's behaviour to defuse the situation. The provider consulted with external healthcare professionals, such as occupational therapists or mental health nurses, when completing risk assessments for people. This meant that people received the care they required in a manner that kept them safe.

Staff took appropriate action following accidents or incidents. These were reviewed by the registered manager to make sure that steps had been taken to minimise risk.

People who used the service said they thought there were enough staff. A member of staff said "We do get busy at certain times, like mornings when everyone is getting up, or when we have admissions, but we manage well I think". The deputy manager told us that staff rotas were planned in advance according to people's support needs.

Staff rotas revealed that there were two senior support workers and eight support workers from 8am to 10pm and one senior support worker and two support workers from 10pm to 8am.

Records showed that all the necessary checks were carried out on staff before they were employed.

The home was clean, spacious and had appropriate equipment, such as hoists, to keep people safe. An Environmental Health Officer had recently inspected the kitchen and given the home a five star rating and said the standard of food hygiene was "very good". The provider had carried out a health and safety inspection the previous month and reviewed the environmental risk assessments.

Equipment was checked and serviced at the required intervals and staff were trained in its use. Emergency procedures and contact numbers were available in reception.

Is the service effective?

Our findings

People who used the service and relatives we spoke with said they were happy with the care provided. The GP we contacted before the inspection said “The service is excellent and I am proud to be associated with it. People are encouraged to rehabilitate and there have been a number of successes. It is standard for the service to take people unable to walk or communicate after illness to an engaged and confident person again”.

People received care from staff who were aware of their responsibilities and had the knowledge and skills to carry out their roles effectively. Induction training was provided to all new staff and this covered all the standards required for the Care Certificate. (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life). Staff also shadowed more experienced staff until they were assessed as competent to work on their own.

Staff we spoke with were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service.

The provider had a comprehensive training programme, which staff were required to undertake. We viewed the staff training records and saw that staff were up to date with required training. In the previous quarter training had been offered in the care of people with autism, dementia and mental health problems, as well as training in equality and diversity, safeguarding and the Mental Capacity Act. Staff were supported to continue with their professional development and we saw that care staff had completed National Vocational Qualifications in Health and Social Care.

There was evidence that staff meetings were held and that staff were asked about what was going well and what wasn't. Records showed that staff received individual supervision. This took place regularly for senior staff, but not for support workers. However, all had received supervision in the previous two months and staff said the registered manager and deputy manager were very approachable and supportive, listened to their concerns and suggestions and acted upon them.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act

(MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Staff had received training in these topics and had read the policies available. They were aware of recent changes in DoLS practice and were in liaison with the local authority best interests assessors to ensure people who used the service were not unlawfully restricted in any aspect of their care and accommodation.

The people we spoke with all said they enjoyed the food provided and that it was “very good”. They told us that they could have a cooked breakfast if they wished, a main meal at lunchtime and that they usually had sandwiches or salad at teatime. We observed lunch being served. There was a pleasant atmosphere and staff appeared to know individual's likes and dislikes. They offered choices and assistance where necessary, for example asking people if they would like their meat cut up. One person did not want either of the choices of main meal and two people did not want either of the choices for dessert. These people were offered alternatives, which were provided. People were not rushed and staff checked they had finished or if they would like a bit more before clearing plates.

The care records showed that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people required special diets and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

People were weighed weekly to make sure they were maintaining a healthy weight. If anyone lost weight we saw that their care plan was reviewed and additional measures were put in place, such as offering food more frequently and offering a fortified diets. There was evidence that appropriate referrals were made to a dietician or doctor for further guidance and advice.

Drinks were available throughout the day and we saw staff regularly asking people if they wanted a drink. Cold drinks dispensers were filled with squash, so those that were able, could help themselves. We saw that fluid intake charts were in place for those at risk of dehydration.

Is the service effective?

The care records showed that, when necessary, referrals had been made to appropriate health professionals. For example, one person had not been well and we saw that their doctor had been called and treatment had been given. If people had mobility problems they were referred to a physiotherapist who provided advice and equipment

to aid mobility. Other health professionals consulted included district nurses, dieticians and mental health professionals. A doctor and a podiatrist visited on the day of the inspection. The GP we contacted before the inspection said “Staff communicate both inside and outside the organisation to provide an integrated service”.

Is the service caring?

Our findings

People spoke positively about the care and support they received. We were told by people we spoke with: “The girls are lovely, they are very good”; “I have no complaints, I think they are marvellous”. Two people who stayed regularly for respite care said they enjoyed coming to Lincoln House and one said “The staff are really good company, like friends”.

Visitors described the staff as “kind and caring”. One relative said “It’s wonderful”.

A PhD student we spoke with, who had been visiting the home for twelve months, said that they had been impressed with the staff focus on providing high quality care at a time of huge change and upheaval. The district nurse we contacted before the inspection said “Generally people are cared for very well”. The GP we contacted said “The staff try hard to help people, care is person-centred and good, and my patients speak highly of their care”. During the inspection we spoke to a podiatrist who regularly visited. This person said “It’s the best home I visit, nothing is ever too much trouble and the staff are always willing to help people in any way they can”.

People were very comfortable and relaxed with the staff who supported them. We saw people laughing and joking with staff members, which showed there were trusting relationships between the staff and the people who used the service.

Staff we spoke with showed a caring attitude towards those in their care. We saw that staff were patient, friendly, supportive and used people’s preferred names. They continually interacted with the people in their care, offering support and encouragement. People were given choices, such as whether they wanted to stay in their room or go to the lounge.

We also saw staff treating people with dignity and respect. When they provided personal care, people were discreetly asked if they wanted to use the toilet or to have a bath or shower. Staff always knocked on bedroom doors before entering and ensured doors were shut when carrying out personal care.

People’s life history was recorded in their care records, together with their interests and preferences in relation to daily living. Staff we spoke with were familiar with the information recorded in people’s files.

People’s wishes for end of life were also recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and we saw that the person concerned and their family were involved in this decision.

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. We could tell from conversations between staff and people who used the service that the staff had taken the time to get to know people and engaged them in conversations about their families and interests.

We asked whether call bells were responded to promptly. People said staff responded quickly if they pressed the buzzer.

The provider employed an activity organiser three days a week. We spoke with the activity organiser who said “I’ve been a volunteer here for ten years and I really enjoy it”. A quiz was taking place in the morning of our visit, and bingo in the afternoon. We also saw staff playing dominoes with some people who used the service and assisting others with crafts. The activity organiser said entertainers visited the home on a regular basis and they were in the process of booking entertainers for Christmas.

All of the care records we looked at showed that people's needs were assessed before they had moved in. They were reviewed again on admission and appropriate, person-centred enablement plans were drawn up. These were discussed with the person and signed by them to show that they agreed with the plan. The care plans we looked at contained information about the person and their particular needs in order that the person's health and well-being would improve to enable them to go back home. The GP we contacted before the inspection said that they had observed adjustments being made to staff practice and the environment for people with sensory

deprivation, such as being blind or deaf, and for people's differing clinical needs. One of the members of staff said to us “It is very satisfying when people who are admitted from hospital are able to go home again”.

All the staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Staff received a written and verbal handover every time they came on duty to make sure they had the most up to date information on the people they were caring for. We observed the support workers carrying out the instructions in enablement plans to encourage people to maintain their independence. They did this with patience and understanding.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests.

There was a satisfactory complaints procedure in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. We looked at the complaints file and saw there had been six complaints made, only one of which related to care. These had been investigated and action taken where necessary. However, we noted that most of the information in the complaints file consisted of emails relating to the complaint. The staff were not following the provider's own guidance on documenting and responding to complaints.

Is the service well-led?

Our findings

The home had a registered manager supported by a deputy manager. People and their relatives knew the management team well, saw them often and told us they felt comfortable speaking with them.

Staff told us their managers were approachable, valued their opinions and treated them as part of the team. They said they felt well supported and could easily raise any concerns and were confident they would be addressed appropriately. Staff meetings were held and issues of concern noted and addressed. Staff we spoke with told us they were informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. One staff member said “The manager is a good listener and has all the time in the world for you if you want to talk about any concerns”.

The GP we contacted before the inspection said that they believed the home was well-led because it continued to provide an excellent service at a time of great change.

The provider had a good quality assurance system and evidence was provided that recent checks had been carried out. We saw evidence that the manager undertook audits of the service. These included audits of health and safety, medication, infection control, accidents and care.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

The provider sought feedback from the staff and people who used the service through comment cards placed in reception. Visitors we spoke with confirmed they had been consulted about the quality of service provision and could provide this information anonymously if they wished to. The deputy manager said that, where any concerns were identified, this was discussed with people who used the service and their relatives and improvements made.

The noticeboards around the home provided people with various information about local services and information about how to recognise and report abuse.