Lindum House

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Inspection report

84 Bath Road
Old Town
Swindon
Wiltshire
SN1 4AY

Tel: 01793525299

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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 6 December 2017, and was unannounced.

Lindum House is registered to provide personal care to up to 20 adults with learning disabilities. There were 18 people living at the service at the time of the inspection. Lindum House comprises of a detached four-storey building and a detached bungalow within the same grounds.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 Act2008 and associated Regulations about how the service is run.

At our last inspection the service was rated Good. At this inspection we found the service remained Good.

People were safeguarded from potential harm and abuse. Staff undertook safeguarding training. Any issues raised were fully investigated. The service was homely and was maintained to make sure it remained a safe and pleasant place for people to live.

Care and treatment were planned and delivered to help people retain their health and safety. At the day of the inspection there were enough staff to meet people's needs. Recruitment processes remained robust to protect people from being supported by any unsuitable staff members. Medicines were dispensed by staff who had received training to undertake this safely.

Staff were provided with training to help them care for people. They received supervision and appraisal which helped to develop their skills. People's dietary needs were recognized and people were supported to maintain good nutrition. If staff had any concerns regarding people's medical needs, people were referred to relevant health care professionals to help to maintain their well-being.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

Staff supported people with kindness, dignity and respect. People were supported to undertake a range of activities at the service and in the community.

People received the care and support they required and their needs were kept under review.

People were asked for their views about the service, and the feedback received was acted upon. The registered manager, staff and the management team carried out checks and audits of the service.

Investigations of incidents and accidents took place and any learning from these issues was implemented to help to maintain or improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 6 December 2017 and was unannounced.

The inspection was carried out by one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was familiar with working in a learning disabilities setting.

Before we visited the service, we checked the information we held about this location and the service provider including inspection history and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in providing care to people at the service, including commissioners and safeguarding staff.

We reviewed the information the provider sent to us in the Provider Information Return. The Provider Information Return provides us with some key information about the service, what the service does well and what improvements they plan to make. Each provider is required to send it to us at least once a year.

During the inspection we spoke with four people and three relatives. We spoke with the registered manager and three members of staff. We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

At this inspection, we found people continued to be supported in a safe way. People and their relatives told us they felt safe. One person said, "I feel safe and happy with staff". Another person told us, "This place is nice and safe". One person's relative assured us the service was a safe place for people to live in, "I have no concerns. [Person] is well looked after. He has been living there for many years".

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the management team and looked at staff rotas. The registered manager told us they did not use agency staff as the regular staff were flexible and covered any absences themselves. Staff and people's family members we spoke with did not raise any concerns regarding staffing levels at the home. A member of staff explained to us how they dealt with cases of unexpected staff absence, "We try to cover all absences ourselves. The majority of staff live near Lindum House so it is easy to cover for somebody who is sick".

We found the provider had an effective recruitment procedure in place. Relevant security and identification checks were carried out when they employed new staff to ensure they were suitable to work with vulnerable people.

There was a safeguarding and whistleblowing policy in place which informed staff about the action they must take to protect people from harm and abuse. Staff were aware of the different types of abuse that could occur and said they would report issues immediately. A member of staff told us, "I would report this to the manager, the police, the Care Quality Commission (CQC) or to one of the social workers".

The provider promoted positive risk taking. The benefits of positive risk taking can outweigh the harmful consequences of avoiding risk altogether, and support a person's well-being. We saw risk assessments were in place for people who used the service, which described potential risks and the safeguards in place to reduce the risk. For example, people were able to leave the premises as they wished. The risk of people going missing was minimised by the risk assessments for people being out in the community and by the missing person procedure.

Some people attended the meetings of an external 'Feeling Safe' group. The aim of the group was to educate people on potentially dangerous situations which could arise when out in the community. People were explained how to avoid these situations and what to do if such situations could not be avoided. Another goal was to build up people's confidence to enable them to raise any issues. This was done through discussing various scenarios and role-playing. Some people living at the service were unable to attend the 'Feeling Safe' group meetings. However, the registered manager organised in-house training for these people so those who had joined the group could share their knowledge with them.

People's care plans contained risk assessments specifying the identified potential risks which may have impact on people's health or safety. These included the risk of self-harm, bathing related risks, the risk of being abusive to others, the risk of being vulnerable to violence and potential hazards to people's well-being when going out in the community. Risks to people's well-being were monitored and regularly reviewed to

help keep people safe.

The registered manager used various sources of information to reflect on own practices and implement learning where applicable. This enabled them to improve the health and safety policies of the service. For example, additional audit of fire checks and fire drills had been completed after receiving an email from the CQC about a fire in Grenfell Tower. The registered manager analysed accidents and incidents in order to improve the quality of the service and promote people's safety. Lessons learned where shared with staff and appropriate actions were taken. For example, staff had been trained in using different redirection and distraction techniques following an incident.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a locked medication room. Daily temperatures were recorded to ensure medicines were stored within recommended temperature ranges. Staff had been trained in the administration of medicines and had a good understanding of people's individual medication needs.

We saw staff were provided with personal protective equipment, for example; gloves and aprons to help maintain infection control. A member of staff told us, "We use personal protective equipment (PPE) such as gloves and aprons. We keep the service clean. For example we sanitise door handles as this is a part of our cleaning schedule".

Servicing and maintenance checks for equipment and systems within the home were carried out. Staff told us and records confirmed that systems, such as the emergency alarms, emergency lightning or fire safety system, were regularly checked. For example, the fire alarm system was tested on a weekly basis and fire evacuation drills were carried out every three months.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well-trained and appropriately supported staff. One person told us, "They are trained well". One person's relative praised the staff members saying, "Staff are lovely, they are brilliant".

New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff told us that if they felt they needed more training or the training provided to them did not meet their expectations, this was always addressed by the registered manager. A member of staff said, "I have received fire warden training, first aid training and this year I was signed up to complete nationally recognised qualification in social care. We had autism training which was not very good but the registered manager organised for us another training which we found much better".

We saw evidence that people were also encouraged to complete training together with staff in subjects which were of interest to them. For example, one person had completed food safety training as this was previously the area of their occupation and they had expressed their willingness to complete that training. People were encouraged to provide feedback on staff's skills and there was a poster in one of the communal areas encouraging people to choose various kinds of training for staff. People we spoke to were aware that they could suggest staff what sort of training was needed. However, they told us they believed staff were competent in their roles and did not need any additional training.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. One member of staff told us, "I have my supervisions quarterly and I find it really useful. However, I speak to my managers at least two or three times a day so we are always up-do-date on what is going on".

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. We checked whether the service was working within the principles of the MCA. The management team and staff had a good understanding of the MCA. A member of staff told us, "MCA is telling you what it means to have and how to assess the capacity to make decisions".

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 our inspection, there were no applications in place to deprive people of their liberty.

People using the service had their care and support needs assessed. The registered manager explained that

whenever possible an assessment would be carried out prior to a person moving into the service. This ensured their needs could be met by the staff team. We spoke with people and their relatives who said they had contributed to their care planning through informal conversations with staff and formal care reviews.

People were supported with their dietary needs and their food and drink preferences were recorded. When there were concerns regarding people's nutritional needs, relevant health care professionals were contacted. For example, we saw evidence that the service had sought opinion from a food and drink team, a diets clinic or a diabetic team. Where people were on a special diet such as diabetic or were supposed to ingest fortified food, this was clearly recorded in people's care plans.

We found people were supported by a range of health care professionals, such as GP's, audiologists, occupational therapists, podiatrists and dentists. We found that as people's needs changed, their care was reviewed and relevant health care professionals were contacted for help and advice.

People's bedrooms were personalised and decorated to people's individual taste. People had access to a large communal, safe garden and were also encouraged to have parts of the garden for their personal use. For example, some people were growing vegetables which they later used for cooking their meals.

Good

Is the service caring?

Our findings

People continued to be supported in a caring way. People and their relatives told us staff were kind and compassionate. One person said, "They do care well. Staff make coffee for me". Another person told us, "We have a laugh with staff. They are kind and caring, and they listen to us". One person's relative complimented staff saying, "We feel that staff are approachable and [person] has never been so happy. He never complaints. He likes the staff".

The atmosphere of the service was vibrant, warm and welcoming. Staff had relaxed, friendly relationships with people and we saw numerous examples of positive interactions and cheerful laughter throughout the day. We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff.

Staff respected people's privacy and dignity. A member of staff told us, "We always knock on the person's door before we enter. If they do not want to see us and we are administering medicines, we take our time and send another member of staff as per care plan. We talk to them in a respectful way. I treat them as I would treat my family".

Staff supported people to pursue their hobbies and interests, and helped them to have their religious, social and cultural needs met. Staff supported people to practice their faith and to follow any traditions related to their culture. People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. One person's relative told us, "There are no problems with visiting. We can go and visit [person] when we please". Staff accompanied people and supported them to travel to their relatives' homes if people wished to visit their family members.

Each person had a key worker, a named member of staff who acted as a link with the person's relatives and participated in reviewing the person's care and support with them. The role also included liaising with the community care professionals in health related matters.

Staff we spoke with had got to know people and learned how each person communicated their needs and wishes. They told us how they presented options, such as what to wear or to eat, in ways the person could understand. A member of staff told us, "We ask them every day what they would like to eat or if they would like to be involved with cooking. People are also involved in shopping and updating their care plans. They are involved as much as possible". People confirmed they were encouraged to make choices. One person told us, "I can make a choice. They always ask you what you want to do".

People were supported to be as independent as possible without being subject to unnecessary hazard. Care records described what tasks people could carry out independently and what tasks they needed support with. One person told us, "I do things myself. For example, I can make a sandwich". We discussed advocacy

with the registered manager who told some of the people using the service had independent advocates. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Information was provided to people in a format they were able to understand. For example, pieces of information on what good support should be like, activities organised by the service or the complaints procedure were displayed in communal area in an easy read format. One person used a local dialect communicating with staff and this was reflected in the person's care plan. Staff were provided with key words in the local dialect and their meanings which helped them to communicate efficiently with the person.

The equality and diversity policy was available at the service. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized at the initial assessment stage and respected within the service. Staff received training in equality and diversity. A member of staff told us, "I would not have any personal view on any of the protective characteristics. We all received training in equality and diversity".

Good

Is the service responsive?

Our findings

The service continued to be responsive. Many of the people using the service had been living there for many years and there was a stable staff team. As a result, staff had got to know people in depth, understood their needs and were aware of people liked to be supported. The service undertook a full assessment of people's needs and gathered information about them prior to them coming to the service. This was done to ensure the service was prepared and able to meet the people's needs.

People's care records provided detailed information about their needs and how they were to be supported. This included information relating to their personal care, their physical and psychological health, finances, social and spiritual needs. The care plans were regularly reviewed and updated in line with any changes in people's needs or health. Detailed records were kept in relation to any specific health needs. For example, one person had experienced weight loss. A relevant weight monitoring chart was kept to document the person's weight and all details of health care professionals' guidance were recorded, so this information could be used to identify the reason for the weight loss.

People's likes and dislikes were clearly recorded in their care plans. For example, one person enjoyed listening to radio, going to the cinema and visiting their friends. Another person took pleasure in story writing and playing with a dog that regularly visited the service. People's wishes were respected by the service. For example, one person had not wished to have a bath every day and this was respected. Another person had wanted to meet their relative and visit a place where their sister's ashes had been scattered. This was also accommodated by the service.

The spiritual needs of people were recognised and addressed by the service. People were assisted by staff to attend church services, church coffee mornings, a church lunch club and church meetings. We saw evidence that people had told staff they would like to try different types of food from various parts of the world. The registered manager took advantage staff's diversity and used their skills to introduce different meals to people. For example, Asian, Argentinian and Polish dishes were on the menu.

Staff supported people to engage in a variety of activities and to try new things. We saw people had a busy weekly programme of activities. These included regular scheduled activities as well as ad hoc sessions where people chose what they wanted on the spur of the moment. We saw the activities ranged from those relating to daily living skills, such as food shopping, to leisure activities and attendance at day centres. One person told us, "We go on walks, pub trips, or for Christmas meals". A member of staff said, "We offer plenty of activities. For example golf. One person has got his set of clubs. We try to go and play golf first thing in the morning if the weather is OK. We also offer swimming and weekly skittles competition. The lady behind the bar presents a trophy every week. Some people enjoy church services and coffee mornings in church, cinemas, trips to garden centres or holidays abroad".

The service had a complaints procedure which was also made available in an easy read or picture format for people who were unable to read complex information. People and relatives were aware of the complaints procedure. One person told us, "I was shown the complaints poster. If I'm worried, I'm going to speak to

staff". Another person assured us, "If something is wrong, I will let staff know". One person's relative told us, "I have never had any concerns but if I had, I would be happy to raise it with the manager".

We discussed various aspects of end of life care with the registered manager. Details of people's end of life wishes were recorded in their care plans. For example, some people wished to be cremated and others wished to be buried near the members of their families.

Good

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff were actively involved in developing the service. People were empowered to raise their opinion during regular client meetings and were also provided with any information they needed by the registered manager. For example, people were informed about and encouraged to attend the 'Feeling Safe Group' meetings and the 'All Ears Group' meetings . At the meetings of the latter, people were welcome to share their opinion on the service and to discuss matters important to them.

A customer satisfaction survey was carried out that included questionnaires sent to people who used the service, their relatives and professionals involved in people's care. We saw that the results of the most recent survey were positive, with all of the people who responded saying they were either happy or very happy with various aspects of care including, for example, information, support, choice and involvement. All had stated they felt safe where they lived.

People's relative told us the management team were approachable and they could discuss any issue with them. One person's relative told us, "I find the management team very supportive. For example, we have arranged a recent meeting with the managers and we discussed what [person] needs and how to support [person] to buy what he needs".

Staff told us they were actively involved in the running of the service. The management constantly encouraged staff come up with ideas of new activities for people to spend their free time. A member of staff told us, "We all share bits of responsibilities for the running of the service so everybody is involved".

Staff team meetings were held on a quarterly basis and staff were encouraged to add items to the agenda for discussion. A member of staff told us, "We hold quarterly team meetings. We have an agenda list so everyone has got opportunity to have a say. We talk about different things. For example, about winter coming and winter activities, health and safety and about changes in care plans". The minutes showed that any actions taken were reviewed at the following meeting.

Staff told us they felt supported by the management team. A member of staff said, "I feel supported by the management. I work very close with them". An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development.
A member of staff told us, "If we had any concerns, we would raise these with the management. They would listen to us. For example, a person that I was keyworking has been saying he needs more storage space. I raised this with the management and his room has been looked at, measured and adapted to

accommodate his needs".

Good management and leadership were evident. People and their relatives we spoke with felt the service was managed very well. One person told us, "[The registered manager] is the boss. She comes here and chats to us". Another person said, "I like them (the management team). They are very good". One person's relative remarked, "We have good communication with the registered manager".

Health and social care professionals were positive about the management of the service. One professional told us, "I have always felt that Lindum House is one of the best residential homes for people with learning disabilities in Swindon. Most of the people who live there have complex issues and this does not faze the staff. They will ask for help when needed and always make sure clients are at the centre of any plans made with/for them". Another professional stated, "I have always found them to be a very proactive team. The staff team and management are very caring, efficient and person centred".

The service continued to have systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks for reviewing medicines, management, quality of care records, support provided to staff and environmental health and safety checks. We saw that when improvements were required, these were actioned promptly. For example, as a result of one of the audits the service had introduced new water temperature recording sheets.

The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.