

London Borough of Haringey

Linden House

Inspection report

10 Linden Road
Tottenham
London
N15 3QB

Tel: 02088880565
Website: www.haringey.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 03 March 2016 and was unannounced. The previous inspection on 28 November 2013 found Linden House met the standards inspected and that there were no breaches of regulations.

The London Borough of Haringey owns and operates Linden House. The service provides accommodation and personal care for up to six people with learning disabilities and autistic spectrum disorders. At the time of inspection there were four people living at the service.

There was a registered manager at the service; however they were not able to be present at the time of inspection as they were on planned leave from the service. 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. Because the registered manager was unavailable during the inspection visit we talked with the team leader and the head of Haringey Learning Disability Partnership throughout our visit. Following the visit we spoke with the acting manager in the registered manager's absence.

We found that although people had person-centred plans that identified individual activities there were not enough staff currently to take people out into the community on a regular basis.

Relatives of people using the service told us they felt their family members were safe at Linden House and that they were "Really happy with the care provided." We found the provider had systems in place to manage safeguarding matters and medicines, which helped ensure people's safety. Care plans helped address safety risks identified for individuals. The staff team could demonstrate they were knowledgeable about the people living in the service and knew what steps to take to keep people safe.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found the management had a good understanding of MCA and DoLS legislation. DoLS were applied for appropriately and applications were kept under review.

Relatives said staff were caring and knew their family member well. Staff we met approached people in a friendly manner and used appropriate communication techniques to encourage people to interact with them. We saw staff were respectful knocking at bedroom doors before they entered and understood the need to give people time to have their own space.

Each person had a person-centred plan that was kept under review. Care planning responded to the diverse needs of the people using the service.

The service encouraged people to undertake activities they enjoyed. There was evidence of good leadership. This included regular auditing of processes such as care records and medicines to ensure the correct procedures were being adhered to. Staff received regular supervision, appraisal and team meetings in

support of providing appropriate care to people.

The service is due to close, for which there was evidence of consultation with people using the service and their relatives. The service was working closely with advocacy services, health, and social care professionals to ensure people had a smooth transition from the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 Staffing

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. There was not enough staff to enable people to go out on a regular basis into the community. However we saw extra staff was provided when one person was assessed as having higher support needs.

The provider had systems in place for the safe recruitment of staff.

The service had systems in place to protect people from hazards and abuse.

There were systems in place for the safe administration of medicines.

Requires Improvement ●

Is the service effective?

Good ●

The service was effective. Staff could demonstrate an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately.

Staff received training and supervision to equip them to provide appropriate support to people.

There was evidence of effective health care and nutritional needs being met

Is the service caring?

Good ●

The service was caring. Staff were kind and professional in their approach to people.

Staff treated people with dignity and respect, and maintained their privacy.

The service kept information in a confidential manner.

Is the service responsive?

Good ●

The service was responsive. People had person-centred plans that were reviewed and updated on a regular basis.

People were given choice of individual activities and supported to be independent where possible.

The service had systems in place to address complaints.

Is the service well-led?

Good ●

The service was well led. Staff said they were well supported by the management team.

There was evidence of management monitoring the quality of the service given.

Linden 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.

This inspection took place on 03 March 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met the four people living at the service. Due to people's cognitive abilities we were not able to ask them detailed questions, however we observed staff's interactions with people and spoke with three people's relatives following the inspection. We reviewed four people's care records including care plans, behavioural support plans and risk assessments. We observed one person's medicines administration, looked at four people's medicines administration records, and checked the storage of medicines in the service. We interviewed two support staff and one team leader. We spoke with the head of Haringey Learning Disability Partnership in the absence of both the registered and the acting manager during the visit. We observed the staff handover meeting and looked at four staff personnel records.

Is the service safe?

Our findings

Relatives told us their family member "was most certainly safe" at Linden House and "really happy with the care and service they provide."

On the day of inspection there were two support staff and a team leader as per the staffing rota. Three of the people remained in the service whilst one person went to a day centre. There was enough staff to meet people's assessed needs to remain safe and undertake activities within the service. A staff member had been employed for three hours a day to give required extra support to a person when they were adjusting to the transition from the day care service back to Linden House each day. The staff member supported the person to remain safe from harm and managed behaviour that challenged the service.

However, we noted that risk assessments showed that other people remaining in the service required two to one staff support to go out into the community and remain safe. There was not always enough staff on duty to take people out into the community. People were not asking or acting as if they wished to go out, but the care plan of one person highlighted that they enjoyed going to the local park, which a staff member confirmed. It was a sunny, warm day on the day of inspection but this person would not have been able to go out to the park if they had wanted to. Staff explained they did take people out into the community when there was a driver for the transport, but one staff member said, "Staffing is a bit of a struggle," adding, "We can't really take people out so much at the moment." We found there had been few journeys out in the transport in recent months. Records showed one outing in November, four outings in December, three outings in January and five outings in February. We discussed our findings with the team leader who confirmed the figures were accurate and explained they used to do more outings into the community but during the past year they have not been able to take people out as much. Following our inspection visit, we told the acting manager that the current staffing ratio was preventing people from accessing the community on occasions. He told us that due to the time of year there was some staff sickness and annual leave to be taken, but there had been other trips out to community events such as an autistic spectrum club which was held once a week during term time, choir sessions and events that have taken place at a day centre. Whilst people remained safe in the service they could not access the community due to the current staffing level on a regular basis. The acting manager told us they would immediately work towards improving the amount of trips undertaken.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed staff personnel files and saw that the recruiting procedure was adhered to. For example potential staff submitted application forms, an interview took place, references were requested and received, and proof of address and Disclosure and Barring Service (DBA) checks were received before employment commenced. These were also undertaken. This demonstrated there were robust recruitment checks in place to ensure staff were suitable to work with people using the service.

Relatives told us they felt their family members were safe at Linden House. Staff we spoke with told us how

they would report a safeguarding concern, and explained to us what abuse was and how they would recognise possible signs of abuse. One staff member described how they would report a safeguarding concern to the team leader and if a matter was not addressed they would go to the head of service or the CQC. Staff had received training to protect adults from abuse, and there were safeguarding protocols for staff to follow and relevant up to date legislation within the safeguarding adults policy.

Relatives told us staff were "alert" to danger. There were detailed risk assessments for people using the service. Staff knew about people's individual risks and the actions they would take to keep people safe. For example, staff told us how one person who used the service required support when using the stairs as they had a history of falls. Their risk assessment described the risks and detailed the protective measures in place to minimise the risk of falls on the stairs. Staff were able to describe what the measures were, for example encouraging use of the hand rail on the stairs, monitoring the person and supervising them when they used the stairs. A sensor mat in their bedroom alerted staff should the person decide to leave their bed and required support to go downstairs. We saw risks were reviewed and updated on a regular basis.

People's medicines were managed in a safe and secure way. Staff who administered medicines had received appropriate training. There was a policy about the administration of medicines, which staff had signed to say they had understood the procedure. We observed one person being administered their medicine appropriately. The service had a system whereby two staff were always present when medicine is administered. One person administered the medicines and the other person checked the medicines and dosages were correct; both staff then signed the medicines administration record (MAR). People's care records detailed medicine information with photos describing tablets and giving information about symptoms and side effects of adverse reactions to medicines for staff information. We checked people's MAR and found no errors. There was a daily handover audit of medicines, and tablets in boxes were counted to ensure the number tallied with the MAR sheet. We saw as and when required (PRN) medicines were used only occasionally and were signed for appropriately; there were clear guidelines for the use of PRN. The manager audited medicines on a regular basis, to help ensure staff were adhering to the administration procedure.

There was a domestic staff member employed who kept the service clean and free from mal-odour. Staff had received infection control training. There was disposable personal protective equipment available for use when giving personal care, and there was antiseptic hand-wash and paper towels available throughout the service. Posters reminded staff and people to wash their hands thoroughly. There were colour coded mops for use in the service and colour coded chopping boards to prevent cross contamination. An infection control audit took place in February 2015. This helped assure us that the service had systems in place for the control of infection.

There was a kitchen cleaning rota for staff and food was stored appropriately in the cupboards. In the fridge food that was opened had the opening date written on the container to avoid out of date food being consumed. Staff had all received food safety training as part of their core training programme.

The service had systems for the general management of equipment and premises safety. Staff had all received fire safety training. Throughout the service there were fire alarm call points and fire extinguishers. Fire exits were clearly marked. There was a fire action poster to advise everyone of the plan in the event of a fire. People had individual fire safety plans for use in the event of a fire. There was a fire safety risk assessment. A fire safety audit took place in February 2015. There were weekly fire alarm tests and regular fire drills. Both gas and electrical testing had taken place in 2015. The service was purpose built so benefitted from wide corridors and spacious rooms. The service had installed a hand rail to support people who were at risk of falls on the stairway.

Is the service effective?

Our findings

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 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that Linden House as the managing authority had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment. Staff had reapplied for a DoLS application when a review was due. Staff had received mental capacity and DoLS training. There was evidence that mental capacity assessments and best interest meetings had enabled decisions to be taken on behalf of people who lacked capacity. Staff told us why it was important to work to the MCA and were aware of restrictions made through DoLS to people's liberty, describing it was necessary to keep people safe from harm. Staff explained they used the least restrictive options to keep people safe and to promote their human rights.

The training matrix and staff certificates showed that staff had received training specific to the needs of the people in the service such as autism awareness, managing behaviour that challenges the service, communication training, and Makaton training, a language programme using signs and symbols. Training was supported by initiatives such as a Makaton sign of the week to encourage staff use and increase their learning. Staff also received training to support people with their physical support needs. First aid training was part of the core training and some staff had received training to support people with epilepsy. Staff received regular supervision and annual appraisals. Staff described supervision as supportive and explained they could discuss their concerns with their supervisor, identify their training needs and look at their involvement and role in the service.

Relatives told us they were always kept informed if there was a medical problem, "a cold or if [X] needed the GP". People had health care action plans that detailed and monitored their health care needs. Records included information with regard to diabetes and diet, completed monthly weight charts and continence reassessment. There was an "Emergency grab and go" document that contained relevant information in the event of a medical emergency. This included how to communicate and support the person and how people showed if they were in pain. Staff supported people to access appropriate health and social care professionals such as the GP, optician, dentist, physiotherapist, and speech and language therapist, and gave support to people attend clinics. Staff had produced easy read documentation called "My medicine" to support people to understand their medicines and explain what they were for. This included photos of the individual tablets and gave clear explanations of use.

People were supported to eat and drink healthily. The kitchen was well stocked with food and there was a variety of fresh fruit and vegetables available plus a range of drinks. There was a menu book for pictorial choice and a three-weekly menu plan. Staff explained people are also offered a physical choice for example at breakfast a person might pick up an egg and give it to staff as their choice. Staff explained they updated the menus by observing what food people enjoyed eating. Some culturally specific foods were purchased so people could eat favourite meals such as yam, plantain or rice and peas. Some people had dietary guidance including allergy information. For example, the speech and language therapist had provided guidelines for one person who required a soft diet to remain healthy. Staff were able to tell us what people were able to eat and what they should avoid. Dietary information was displayed in the kitchen and in people's health support plans.

Is the service caring?

Our findings

Relatives told us, "Staff are wonderful, really wonderful," describing that their family member is "very, very well looked after and cared for." All relatives spoken with expressed their sadness at the closure of the service.

Staff told us, "I enjoy my work" and that they enjoyed "being able to promote normalisation and independence." Throughout the visit we observed staff talking with people using a gentle tone and approach. Staff used "Please" and said "Thank you" when encouraging people to sit down for a meal or take their plate to the kitchen. People understood the requests and staff were polite and respectful using a slower pace in an unhurried manner that people responded to positively. Staff encouraged people to sit with them at the table using intensive interaction; this is an approach to interacting with people with learning disabilities. We observed staff using this technique to engage a person to interact with them and then brought a chair so the person could sit down beside them.

Staff described they had met with the authority's Dignity in Care Champion and been actively involved in celebrating Dignity in Care day. They showed us they had made a "Dignity-tree" which had leaves with statements that showed what dignity meant to them and how respect could be demonstrated, for example, "Treat people how you would like to be treated." Staff described they maintained people's dignity by ensuring they were dressed appropriately and kept people's clothes clean at meal times by using a protective apron. We observed staff supported people to remove the apron and wash their hands and faces as soon the meal was finished.

Staff told us they showed respect to people by giving them privacy explaining most people in the service "liked their own space." Staff gave us examples that they knocked on people's bedroom doors before they entered rooms or ensured only one person went into a common area where someone was sitting, as two staff might feel intrusive to the person. We observed staff knocking on bedroom doors before entering during our visit and saw staff checking on people in a common area but not intruding as the person was enjoying listening to their favourite music by themselves. We saw people's records were kept in a confidential manner in a locked office. Staff had received data protection training. Staff explained to us the importance of only sharing people's personal information when necessary and to people who had the right and need to see the information.

Relatives told us the "staff never approve the care plan without us seeing it first." They said they were always asked for their opinion. Staff told us, "Family are very much involved." Detailed care records described people's preferences and documented how people and their relatives had been involved in their care planning and the reviews of their care plans. The service placed emphasis on the importance of communication and explained to us that the communication training had enabled staff to support people to express themselves and make their preferences known. For example, objects of reference supported people to communicate their wishes such as a ball that signified going to the park or a plate that referenced dinner.

The service was due to close and a consultation was in process with people and their relatives. On the communal notice board details about the proposed closure were displayed in an accessible easy-read format. Advocacy service posters were displayed detailing contact information. Staff described how advocates had met one to one with people and taken the first steps to work with people explaining to them the proposed closure and to determine people's wishes and preferences.

Is the service responsive?

Our findings

Relatives told us, "They know him, they know what [X] likes and how to be with him." Each person had a person-centred plan that detailed clearly what was important to the person. People's care records contained an informative "Pen picture" of people's history and important information. This was to help new staff quickly access the essential information about a person. The person centred plan contained "A Good Day" section which described what constituted a happy day with the person's preferences and wishes observed. People's care plans had clear support guidelines that told staff how people liked to be supported in activities such as personal care or eating their meal. For example one person's care plan said they liked to help clean up after a meal; and take their plate to the sink. We observed staff supporting the person to do this. Staff reviewed plans and updated them on a regular basis.

The service celebrated people's diversity; there was a world map with stickers that identified where people and staff originated from. Also displayed were flags of the different countries. People's bedrooms were personalised and reflected their diverse choices such as supporting their national football team by displaying posters and their football scarves. Other people had family photos and their favourite type of music posters. Activities also took into account diverse choices, for example, one person liked to go to a church where they enjoyed gospel singing. Staff supported the person to attend and enjoy the participation. There were guidelines for staff to follow to make the experience a happy and successful time for the person. Each person had individual guidelines to meet their behavioural needs and had risk assessments that supported the guidelines.

Activities took a person-centred approach. Some people's care plans detailed activities such as a head massage or use of the sensory room that contained soft furnishings and a variety of sensory lighting, tactile objects and music centre. Other people enjoyed playing the piano or listening to their choice of music. One person attended a day centre throughout the week. People had a good choice of areas to go within the service this included an activity area, a sensory room, a lounge area, a dining area and a well-tended garden as well as their own bedrooms.

People were supported to be as independent as possible. Staff described how some people, who previously would have found it hard to be in the kitchen safely, could now sometimes stay and prepare some food with the support of staff. Some people had an independent living task broken down into a detailed laminated plan, for example, to do their laundry or to make a sandwich. A photo of the person undertaking the individual step which helped to guide the person and the staff to use the same process accompanied each step detailed. The final step was a photo of the person having completed the task and a "Well done!"

Relatives told us they could complain or raise concerns. The acting manager told us any complaints were promptly and impartially investigated, and an explanation offered to the complainant. There was a "How to make a complaint" easy-read form displayed on a notice board and a compliments and suggestions box. There was a complaint policy that detailed a staged response. We saw there had been a few complaints logged and responded to appropriately with clear outcomes. The service had systems in place to address complaints.

Is the service well-led?

Our findings

There was a registered manager in post. Staff told us, "There is a good manager who is good at her job and is very professional." Staff told us they found the registered manager approachable and responsive if they had a concern. The provider had promptly informed us of the registered manager's planned absence and that they had identified an acting manager to ensure the safe running of the service during this period.

We found there was good support from the provider to Linden House. The acting manager was supported by an expert advisor who visited once a month and was available by phone. Staff described the team leaders and the acting manager as "supportive." Staff told us the head of service had come and supported them when the acting manager was on leave, so they felt they knew the head of service, adding, "They are not just a name." There were monthly team meetings. Minutes showed information was disseminated to staff and staff were able to raise concerns. For example, there was a whistleblowing policy that staff had access to and staff meetings showed discussion about the changes in safeguarding adult's legislation and staff duty to report concerns highlighted.

There was a code of practice that staff were asked to read and sign when they commenced their employment. The team leader said they expected a high standard of professionalism from staff and the registered manager addressed staffing concerns immediately. There was for example a "No Mobiles" sign to remind staff not to use their mobiles when working with people. Staff we spoke with were clear in their role responsibilities. Staff told us they had been encouraged to think of their future as the service was due to close. The provider had held workshops to support staff to make the change in their employment. One staff member told us the provider was supporting them to undertake an NVQ in Health and Social Care so they could show future employers they were competent in providing care and promoting independence.

There were systems in place to ensure the quality of the care provided. We observed daily handover meetings which ensured information was shared verbally and through written daily notes. Team leaders checked and signed for people's medicines and petty cash before handing over to the next shift. There was a 'reviews due' calendar that alerted key workers and team leaders to review people's care records, support plans and risk assessments. There was evidence the registered manager and acting manager audited people's records on a regular basis to ensure documents were up to date and of sufficient detail.

The provider informed us that there was an open door policy and everyone was encouraged to speak up and seek clarification. The provider had held meetings with people and their relatives to consult them over the intended closure of the service. Relatives told us they were asked to complete surveys and staff rung up to talk with them if they could not visit. Relatives that visited on a regular basis described the service as responsive to concerns or suggestions. Surveys about care were regularly sent to relatives and any complaints or suggestions acted upon. We saw a sample of surveys completed by relatives that were positive about the care and support their family member received. Haringey quality assured the service in 2013/2014. The results for 2015/2016 will be published later in the year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider must employ enough staff to meet the needs of the people using the service.