Beeshaw Care Limited

Lindum

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

The inspection took place on 6 June 2016. It was an announced visit, as we gave the provider notice the day before the inspection. The home provides accommodation for people who are living with mental health or neurological conditions who require nursing or personal care support. There were three people living in the home when we inspected.

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. There was a registered manager in post.

People were safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur. People were safely supported to take their medicines when they needed them.

There were effective processes in place to minimise and review risks to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment processes were in place to ensure that staff employed in the service were deemed suitable for the role.

Staff had received training in areas specific to the people they were supporting and this helped to make sure that people received care individual to their needs. People were supported to access healthcare promptly wherever necessary. People were supported to eat and drink enough to meet their individual needs.

The provider worked within the law when supporting people who were unable to consent to their own care. Where this occurred, care was provided in their best interests. Staff were able to explain how they promoted choice where people had variable capacity. The home complied with the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before providing them with care.

People's privacy and dignity were promoted and they had strong relationships with staff who were kind and compassionate. People were encouraged to be as independent as possible and make their own choices. Staff had good knowledge about the people they cared for and understood how to meet their needs. People planned their care with staff and relatives where appropriate, and various activities were carried out in line with people's preferences.

The management team visited the home often and people found them approachable. People were encouraged to provide feedback on the service and regular meetings took place within the home. There were many systems in place to monitor the quality of the service and these were used to develop and improve the service.

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.

There were enough staff to support people and they understood how to keep people safe.

People had individual risk assessments covering aspects of their care such as their mobility and health, and the environment in which they lived was kept safe. These helped to minimise avoidable harm.

People received support to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff sought consent from people, and people were supported to make their own choices.

People were supported to buy and prepare food and drinks, which were available throughout the day. People's dietary needs were met and staff had a good knowledge of people's nutritional requirements.

People had timely access to healthcare services. Staff worked with, and followed advice given from healthcare professionals.

Is the service caring?

Good

The service was caring.

People had a long-standing, strong and trusting relationship with staff who were compassionate.

People's dignity and privacy was always respected.

Is the service responsive?

Good

The service was responsive.

Staff proactively supported people to maintain relationships with

their loved ones.

People were encouraged to participate in a wide range of personal and social activities. The service was responsive to people's individual requests respecting their hobbies and personal interests and people could go out when they wished.

Staff knew the people they were caring for well and reported any changes or issues promptly. The management team and staff were very responsive, changes in people's need were identified and actioned quickly.

Is the service well-led?

Good

The service was well-led.

The provider had effective quality assurance processes which helped drive improvement. They had also developed their own assessments and tools to use to continue to improve their accuracy in assessing and supporting people to increase their independence.

The culture of the staff team in the home was positive and they worked well together.

Lindum

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 inspection took place on 6 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by 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, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with two people living in the home. We spoke with two healthcare professionals who had regular contact with the service and two relatives of people living in the home. We spoke with three care workers and the registered manager. We also spoke with the business manager who worked closely with the manager.

We reviewed care records and risk assessments for two people who lived at the home and checked one set of medicine administration records. We reviewed a sample of other risk assessments in relation to the premises, quality assurance records, and health and safety records. We looked at staff training and recruitment records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living in the home. One person said, "I feel safe, they [staff] think of all the risks." Another person said, "I feel very secure because there are people looking after me who are qualified." A visitor to the service who carried out training with staff said, "I always feel it's very safe." A relative told us, "We don't worry about [person] at all now."

We saw that there were processes in place to protect people from the risk of abuse or harm, as well as help people to communicate any problems. These contributed to people's safety. Staff knew how to protect people from harm and had received relevant training. They were able to tell us about different types of abuse and who they would report any concerns to should they have any. People's individual ability to report concerns was risk assessed, and this ability was taken into account in order to further safeguard people against harm.

People's care records contained individual risk assessments which included information about people's safety travelling in the car with staff, their mobility and cognition as well as any risks to do with people's specific healthcare needs. Individual activities were risk assessed so that people were supported to take positive risks regarding their mobility and independence. This included taking risks as associated with going out and accessing the community or going on holiday. Risks were managed in a way that optimised people's ability to take part in activities and go out into the community when they wanted. The risks assessments were reviewed three monthly or as needed, to ensure they remained relevant to each person. The staff we spoke with were knowledgeable about risks to people's safety and were able to explain how they managed these.

There were risk assessments in place for the building and environment. Heating and electrical equipment had been tested. There were contingency plans in place in the case of events which could stop the service from operating such as flooding. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had received training in this area. We saw that evacuation plans were available for each individual living in the home. There were safety processes and equipment in place to protect people in the event of a fire. The provider had a dedicated member of staff for two days a week, or more when needed, to maintain the property and ensure that it was safe for people to live in.

There were enough staff to meet people's needs. People living in the home told us that they felt there were enough staff to support them and the relatives that we spoke with agreed with this. They told us they felt that their relatives received a lot of time and attention from staff. The staff also told us they felt there were enough staff to support people attentively and support them to go out regularly. The manager said that the home was always able to use their own bank of staff to cover annual leave and sickness if needed. We saw staff rotas which confirmed the number of people on shift, and staff confirmed that they worked across the locations and sometimes changed if someone was absent from work. We observed that staff were in the home throughout the day of the inspection and were spending time with people living in the home. The manager also spent time in the home, as they visited the property regularly.

The provider's staff recruitment policies and induction processes were clear and so contributed to promoting people's safety. We looked at a sample of recruitment records and found that appropriate checks were made before staff were recruited, such as criminal record checks and obtaining references about their character. Staff confirmed that they had not been allowed to commence work alone with the people living in the home until relevant checks and training had been completed. The records we looked at reflected this. One member of staff we spoke with explained their induction process and told us they felt they had been given the opportunity to do enough shadow shifts to feel comfortable in the role. This showed that only people deemed suitable, in line with the provider's guidance were working at the service.

People were given their medicines in a safe manner by staff that were trained to do so. As there were two staff on duty, they administered medicines together and each time both signed the medicines administration record (MAR). This further minimised risks of mistakes occurring. The deputy manager checked staff's competencies in administering medicines every six months. Medicines were stored securely and at the correct temperature in locked cupboards. This lowered the risk of medicines not remaining effective or being tampered with in any way. They were managed safely and double checked during audits or when using any higher risk medicines. We looked at one person's sample of MAR sheets and found that they were detailed. The front sheet included succinct details of allergies people had. We found that the system in place was well equipped to minimise the risks of giving people anything they were allergic to and of someone receiving the wrong medicine. There was an additional medicines information sheet kept for when people went into hospital for any reason, to minimise risks of losing any medicines and to communicate to the hospital exactly what medicines people took. There was a safe system for people taking medicines with them when they went away from the home, and checking them back in. A healthcare professional who we spoke with said, "They audit efficiently, they have tight stock control."

'As required' medicines were stored safely in labelled boxes, and recorded appropriately. The medicines had a separate sheet detailing when they were taken and what they were for. Medicines records were audited regularly by the deputy manager to ensure that people had received their medicines as the prescriber intended. We looked at records of medicines to be returned and these were also audited. We noted that the provider completed appropriate audits and when they identified concerns, prompt action had been taken to address them. An example of this was addressing areas of concern with staff in supervision meetings. Medicines were reviewed as needed for people, and there was a safe and comprehensive system in place for ordering medicines every 28 days. Some people in the home used homely remedies such as over-the counter medicines which were signed off by the local pharmacist to be safe to use.

Good

Is the service effective?

Our findings

People told us they had no concerns about the competence of the staff. One person said, "The staff here are good, they're very well-trained." Staff received comprehensive training. Inductions were individualised to the staff member according to their confidence and experience, and they included shadowing, training and supervision.

The staff told us they received sufficient training, supervision and development to enable them to provide people with effective care. Every three months, the staff attended a group professional development session. They told us that during these sessions, they were encouraged to point out colleague's strengths. The staff told us they found these sessions very useful to help them improve their knowledge, skills and communication with each other. One member of staff said, "It's helpful to know what everyone thinks."

Staff received yearly appraisals as well as regular one to one supervisions. These meetings included agreeing goals for staff to work towards and giving constructive feedback and taking actions from these. Staff told us that these enabled them to improve their practice and gave them an opportunity to discuss their role and see how they were getting on.

The training staff received included manual handling, communication and first aid, and staff had individual comprehensive development plans. Staff received specialist training for working with people with acquired brain injury. One member of staff said that this helped them understand people's behaviour better, and how to respond to it. They told us, "The training helped me understand more from their viewpoint." This was echoed by other staff members that we spoke with, one saying, "Training is excellent here and regularly updated." We spoke with a visitor who undertook training for the service, who informed us that staff were very responsive to training.

The manager told us that the staff received practical, hands-on training, for example in communication skills which had changed staff practice in order to maximise communication with the people they were working with. The manager told us that they had noticed staff taking more care to minimise background noise when talking to people, as they had learned about people's attention difficulties and how this affected their communication and in turn their behaviour. Other training specific to the group of people staff were supporting was in relation to managing people's money. The records we looked at confirmed that training had been carried out. Staff were supported by the provider to undertake further qualifications such as the care certificate to develop their skills. This helped the manager to understand how staff were using their training and skills in their roles, as well as observing them.

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 interest and as least restrictive as possible.

The staff we spoke with demonstrated that they understood the MCA and followed its principles when supporting people who were not always able to make decisions for themselves. They told us that they always assumed that the person had capacity to understand, and they supported them to make decisions allowing for times when their capacity was impaired. One member of staff said, "I always ask people where they'd like to go, what they'd like to do, and give them choices." The manager had carried out mental capacity assessments for people living in the home to cover different decisions, for example relating to a person's ability to manage their own finances, medicines, or going out. The manager confirmed that if someone's mental capacity was deemed to be more complex, a psychologist would be referred to carry out an additional assessment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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. The manager had applied for DoLS for some people living in the home having assessed that they were depriving them of their liberty in their best interests. Where the application was still being assessed, people's liberty was only deprived using the least restrictive methods possible. As some people had variable capacity, the DoLS applications were explained and discussed with people, and least restrictive solutions were followed with people.

Staff had sought consent from people who had variable capacity regarding their medicines and finances, and this also applied to carrying out care for them. A healthcare professional who visited the home regularly confirmed that they always observed that staff sought consent from people when providing any support.

People living in the home told us that they were supported to make their favourite foods, and that they could choose certain things to eat. One person was encouraged by staff with the advice of their doctor, to follow a certain diet in order to lose weight. Staff supported them to eat the appropriate foods and make informed decisions about their meals. The person said, "The staff help me make a list and go shopping. The food is always very fresh and varied. Sometimes I help cook." People were able to make their own drinks throughout the day when they wanted, or were encouraged to have drinks if needed. There was a menu for the week but this was flexible. People could have what they wanted for breakfast, and other meals were agreed with people individually.

People living in the home had good access to additional healthcare services. People were supported by staff to access the GP and dentist. Staff gave a recent example of accompanying someone to have an operation at the dentist. Other healthcare professionals such as psychologists, speech therapists and physiotherapists were referred to when needed.

Good

Is the service caring?

Our findings

People told us that the staff were kind, caring and compassionate and that they had developed good relationships with them. One person living in the home said, "They're easy to get along with, very reasonable people. All the staff are approachable. " Another person explained how humour with staff was important to them, "We have a good laugh together." The person told us that their key worker was very good, and their relative confirmed, "[Relative] and [key worker] have a very good relationship." A relative told us, "The attention [person] gets on a day to day basis is great." Another said, "Staff are always helpful." A member of staff told us, "It's rewarding." They explained how they encouraged people, for example by giving each person a certificate following the achievement of developing a craft in an activity. We observed fun interactions between staff and people living in the home and noticed that they had built strong relationships. Staff offered encouragement and support in a way that suited each individual, and staff we spoke with were able to tell us in detail about people's personalities and preferences, as well as how they approached each person in a different way.

The relatives we spoke with reflected that staff knew people very well and had developed strong relationships. This was reflected by a healthcare professional who had visited the service, who said, "They see people as unique individuals." The support staff gave people with communication helped them maintain and progress their independence as it made it easier for people to access the community and express their views. We saw that staff encouraged people to try to do things independently as much as possible both in the home, and regarding choosing things to do outside of the home.

A relative described to us how the staff's ability to adapt their communication had impacted positively on their relative. They told us, "They always ask [person], not tell them, they always adapt the way they talk and they know [person] really well." The relative went on to tell us that because of this, the person was then more encouraged to engage in activities, go out, and develop relationships with staff in a calm environment. Staff supported people to increase their ability to communicate effectively by tailoring their language to suit individuals. Another relative we spoke with said, "[Staff] use humour well with [relative]", and went on to say that this helped the person to engage in activities. One member of staff described how they supported another person to communicate well by encouraging them to slow down and minimise distractions in the environment so they could concentrate. This was strongly reflected in what the other staff we spoke with told us.

A relative told us how the consistency of the staff helped with their relative feeling comfortable with staff and remembering them. We saw that the staff supported people's emotional wellbeing, as well as their rehabilitation needs. One member of staff told us how they approached certain people if they became upset, "Sometimes you talk to people in a certain way, sometimes help them move away from a situation." We observed that the staff approached approached people who were upset or distressed in a way that was discreet, sensitive and individual to each person. Staff adapted their communication to what best suited each individual living in the home.

The manager regularly went to the home from their office to chat with people and see how they were getting

on. The manager explained to us that they endorsed a culture of caring attitudes not only from the staff, but from people towards staff. Where people had behaviour which staff could find challenging, this was discussed and resolved individually with people and helped to maintain positive relationships between staff and people living in the home. Staff were able to tell us how they adapted their communication and the importance of this when working with people who could behave in a challenging way towards staff or other people.

People living in the home told us how they were able to have a bath, have a drink, watch TV or go outside when they liked. They told us that they felt they had enough privacy if they wanted to spend time alone in their rooms. One person said, "I like to stay in my room." We observed that this person was supported to have lunch after the other people because they preferred to eat by themselves. Staff explained how they promoted people's dignity and respected their privacy. We observed, and staff told us, that they always knocked on people's doors and waited for them to answer. Staff explained how they preserved people's dignity when supporting people with personal care by respecting their space and promoting their independence.

People were actively involved in making decisions about what they did. The staff helped people to express their views and be involved in planning their care, including involving family where appropriate. Staff had actively sought additional information about people from their families where they could, so they would know people better. A relative that we spoke with confirmed that they had been consulted about their relative's care.

There was a comfortable and homely atmosphere at Lindum. People were surrounded by items within their rooms that were meaningful to them, such as books and family photographs. One person was keen to show us their room and told us how they had been able to decorate and furnish it as they wanted.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. There were two care plans for each person. One was called 'my person centred plan', which people wrote themselves, with support if needed. This recorded people's own preferences, views, likes and dislikes and hobbies. This was added to the main care records which included assessments which had been carried out, healthcare correspondence, staff notes and details of other healthcare professionals involved in people's care. People's level of independence was individually assessed, so that people received the appropriate level of support that they required. This level of independence was reviewed as and when people's needs altered.

Care records were updated whenever people's needs changed and were more formally reviewed at various intervals with different people's input. They were reviewed regularly with the person and their key worker, with input from the manager and the activities officer, to make sure they were accurate. A relative confirmed that they had regular contact with their relative's key worker, and confirmed that they had discussed the person's preferences and hobbies. The staff asked advice from healthcare professionals when appropriate and people's needs were addressed promptly. People said that their preferences on how they wanted to receive their care were met, including receiving support to do exercise and go out. Care records confirmed that people had signed to say they had been involved in discussions about their care and these took place regularly.

There was a car available for the home which meant that people were able to go out regularly. Staff told us they could use the car between the three people living there whenever they liked. On the day of inspection one person had been to do the house shopping, and another person was going for a walk and into the local town with a member of staff. A relative said, "I'm sure [relative] being at Lindum has led to all their improvements. The level of getting out and about, it's doing [person] the world of good." One member of staff said, "It's not want we want them to do, it's what they want to do that's important." The member of staff described how one person had been supported to create ornaments out of crafts, such as a hedgehog made out of folding pages in a book. The person was proud of their work. Staff also explained how they supported one person to grow vegetables in the garden, and that this was meaningful to them, helping them be calm and content whilst outside in the garden. Parties and group trips out, which involved the provider's other services, were organised by the activities officer and offered to people.

Activities planned were flexible according to the weather, how people felt that day and what they wanted to do. One person explained how they had brought up an idea of going to the local gardens during a house meeting. This was then organised and they went to the gardens and tearooms, and the person said, "That really cheered me up." People were supported to maintain varied activities through being able to choose anything they wanted to do on a daily basis and supported to see it through. This meant that individual decisions about what to do were promoted and organised wherever possible, and they positively contributed to people's wellbeing and enhanced their quality of life.

People living in the home were able to tell us how much they had improved in aspects such as mobility, memory, communication and confidence since being at Lindum. One person explained how this had

helped them increase their independence through being able to go to church and go shopping. Two relatives we spoke with spoke of how much their relatives had improved due to the commitment of the staff to developing people's independence and social inclusion. One relative gave an example of their relative being more able to hold a conversation and engage with people, and that they were going out a lot more than they ever had. They felt their confidence had increased as a result of this. The service consistently provided opportunities for people to enhance their abilities through exercise and engagement in activities.

People living in the home were involved in helping to do some housework and to prepare food with support from a member or staff if needed. This responsibility helped to enhance people's wellbeing and remain active. One person said, "I chop the onions and garlic." They went on to say that this made them feel more independent. A person living in the home told us about how staff helped them with their exercises and encouraged them to walk around, and this impacted them positively, "It means I can go out for longer if I keep walking every day, I don't get tired." People had opportunities to engage in activity throughout the day.

People's health needs were supported by staff holding three monthly 'client care' meetings where they discussed each person individually, including their progress and if anything had changed. In these meetings they discussed referrals to other professionals and further actions if needed. In addition to these they held a verbal handover between each shift to update each other on everybody's wellbeing. The team kept thorough communication between them about each person's requirements.

People told us how they were supported to keep in contact with loved ones. One person said, They [staff] help me write letters to [relative]." Staff told us that people's families were welcome to visit the home. The team proactively supported people to maintain relationships with their loved ones. The relatives that we spoke with said that they felt welcome and could visit whenever they liked, after checking via telephone that their relative was in that day.

The service had not received any complaints but people and staff felt that if they had any concerns they would go to the manager and that they would be resolved. The relatives we spoke with said that they would feel comfortable to raise any concerns with the manager should they have any. There was a complaints procedure in the information pack for people and their families. There were house meetings held regularly where people had the opportunity to discuss the house, décor, food, the staff and any ideas.

Good

Is the service well-led?

Our findings

Staff said that morale was good and they worked well as a team. We observed that staff worked well as a team, and that there was thorough communication between them. The manager told us that other services had asked them for additional guidance on recording and assessments they had developed, which showed that the provider was held in high regard by other services in the area. The provider kept strong links with the community, such as the local village hall which people attended events at regularly. This helped to ensure people were engaged in their local community

The provider had been innovative in developing a new tool that could measure how effective the support they were receiving was helping to improve people's independence. This assessment of independence could be reviewed if people's level changed and it helped to inform what level of need people had for support. This represented good practice as part of tailoring support to people's needs.

The manager demonstrated good leadership. They were familiar with everyone in the home and visited regularly. People living in the home told us that they felt the manager was approachable and very supportive. Two relatives also reflected this to us, and that should they have any concerns they would be resolved. We observed the manager and deputy manager talking to people and staff in a professional manner. They demonstrated to us that they knew the people who lived in the home well.

Staff said that they were well supported, one saying, "You can always go to [manager] or [deputy manager] with any problem and it'll get sorted." A healthcare professional who we spoke with who had regular contact with the service said they found the manager responsive and that they could contact the home any time.

The manager told us that they supported staff in a way that was individualised, and staff confirmed this us. They used a learning style questionnaire with staff to better understand ways of learning that would suit individuals. They were flexible in terms of people's inductions when they came into the service, taking into account people's individual experience and qualifications. This helped to ensure that staff felt confident and competent in their roles.

Two relatives that we spoke with commented on how the consistency and low turnover of staff contributed to their relative's wellbeing and helped them feel safe. One said, "The staff seem to stay the course, it really helps [relative]. It counts for a lot." The provider had a low staff turnover and good retention rates and recruitment records confirmed this.

The home had developed creative ways of engaging and motivating staff. There was a staff nominations system in use where staff voted for a colleague who they felt had gone the extra mile in their work. This was discussed throughout the year in terms of who was winning and the winner at the end of the year would win a week's holiday in Tenerife. The manager told us this had improved morale. Staff were motivated and rewarded for additional responsibilities such as becoming a key worker. The management team told us how they valued staff by getting them small individual gifts at Christmas, with a note to say what they had done particularly well that year.

There were officers to champion work in specific areas, for example in activities, dignity and diversity, health and safety and nutrition. They worked across the provider's units and were responsible for auditing and monitoring these areas of practice and liaising with key workers so that action would be taken to improve the quality of the care provided where appropriate. For example, the health and safety officer had carried out audits in infection control and food safety. The audit had led to some actions required which had then been fulfilled, checked by them and signed off.

All officers submitted a monthly report to the deputy manager for each unit in the organisation, covering any changes and updates. They updated staff on any legislation or news in their areas of expertise. Each key worker was also required to send the deputy manager a monthly report about the person they were caring for so the management team could remain well-informed of any updates. One key worker explained that they put into the report all aspects of how the person was getting on, including socially and physically, and any changes. The key worker we spoke with said that they enjoyed their role.

The manager and deputy manager carried out regular spot checks on staff to ensure they were working as expected. This included ensuring that duties in the home were carried out fairly, talking with people who lived there, and checking that staff were punctual. Disciplinary action was taken when appropriate. Performance management systems were in place when needed to ensure that staff were working to the expected standards. This meant that the service was monitored so that problems would be picked up and acted upon and staff were working to a high standard.