

Coventry and Warwickshire Partnership NHS Trust Lyndon House

Quality Report

Lyndon House 270 Lyndon Road Solihull Tel: 0121 742 5897

Website: www.covwarkpt.nhs.uk

Date of publication: 17/04/2014

Date of inspection visit: 22 January 2014

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Contents

Summary of this inspection Overall summary	Page 3
What we found about each of the main services at this location	5
What people who use the location say	6
Areas for improvement	6
Good practice	6
Detailed findings from this inspection	
Our inspection team	7
Background to Lyndon House	7
Why we carried out this inspection	7
How we carried out this inspection	7
Findings by main service	9

Overall summary

Lyndon House in Solihull is a respite service for up to seven children with learning disabilities, behaviours that can challenge and additional physical health needs.

We found that the service provided safe, caring and effective care to children. Staff were trained and experienced and showed high levels of motivation and commitment. There was a consistent staff team as many of the staff had worked at Lyndon House for many years. We saw staff supporting children in a very positive and reassuring way. All staff showed a good knowledge of the needs of individual children and how to meet them, which led to a responsive and well-managed service.

Parents of the children who used the home were very positive about the service they received.

Lyndon House's needs-led approach to bed occupancy ensured they can manage the needs of the children there at any particular time. This enabled children's care to be met by sufficient numbers of staff, in a safe environment where their needs would not conflict with those of others.

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Lyndon House's needs-led approach to bed occupancy ensured beds were not filled beyond the capacity of the service to manage the needs of the children there at any particular time.

We found that staff were well supported and received proper induction and training

Staff who spoke with us showed a good awareness of potential risks and how to manage them, and we saw safe practice for giving medication.

Are services effective?

The service had clear information that highlighted each child's needs.

There was low turnover of staff, and staff interacted well with children and understood their individual needs. We saw that staff had the skills, knowledge and experience to effectively meet children's needs and work confidently with other agencies and carers to ensure needs were met.

Parents were very positive about the work the service did.

Are services caring?

We saw that staff and children interacted warmly and positively together, and in a friendly way. Where children had limited verbal communication, staff showed a very good awareness of non-verbal cues, what children liked and disliked and how they preferred to be approached.

We saw and heard from staff and parents examples of good, child-centred practice. Parents were very positive about the care and support given by the service.

Are services responsive to people's needs?

We saw staff responding well to the individual needs of children. The service was able to balance the needs of parents and children in how they offered respite beds and support.

The service worked well to make the environment child-friendly. Parents told us the service was responsive to needs and worked with them

Are services well-led?

The needs-led approach to bed occupancy ensured beds were not filled beyond the capacity of Lyndon House to manage the needs of the children there at any particular time. This enabled children's needs to be met by enough staff and in a safe environment where their needs would not conflict with the needs of others.

Lyndon House had clear child-centred care plans in place for staff to follow. Staff gave us consistent answers about how they supported particular children with complex needs. We saw that staff were committed to the wellbeing of the children they supported, and this was confirmed by their parents. Staff were also responsive to the needs of children and parents.

Staff were trained and experienced and highly motivated and committed. Many had worked at Lyndon House for many years and knew the children they supported well. Parents were very positive in their views of the service.

What we found about each of the main services at this location

Services for people with learning disabilities or autism

The needs-led approach to bed occupancy ensured beds were not filled beyond the capacity of Lyndon House to manage the needs of the children there at any particular time. This enabled children's needs to be met by enough staff and in a safe environment where their needs would not conflict with the needs of others.

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What people who use the location say

We spoke with people who used the service as part of our visit. They were very positive about the service.

One parent told us it was like an extended family and that staff bend over backwards to help. Another person told us that staff are always supportive and try to understand their child well.

Parents also told us the service also sought their views. One said they felt involved and were asked for their opinion. It was lovely because as a parent their opinion mattered and part of a whole process. One parent told us it was like a breath of fresh air.

Areas for improvement

Action the provider COULD take to improve

Lyndon House is one of four children's learning disability respite services run by Coventry and Warwickshire

Partnership NHS Trust in different places. They have contact with each other, but do not currently have arrangements to 'peer review' each other's services, which would enable them to share good practice better.

Good practice

Lyndon House had clear person-centred care plans in place for staff to follow. We saw that in addition to the care plans, laminated 'need to know' guidance was displayed in rooms to inform staff who may not be familiar with any changes to a child's needs.



Lyndon House

Detailed findings

Services we looked at:

Services for people with learning disabilities or autism

Our inspection team

Our inspection team was led by:

Chair: Professor Patrick Geoghegan, OBE

Team Leader: Jackie Howe, Care Quality Commission

The team was made up of a CQC inspector, and an Expert by Experience who had personal experience of using or caring for someone who uses this type of service.

Background to Lyndon House

The Trust has a total of 21 active locations serving mental health and learning disability needs, including three hospital sites: Brooklands, St Michael's Hospital and Caludon Centre. There are four locations providing respite services for children with learning disabilities. Lyndon House is one of these.

The Trust provides a wide range of mental health and learning disability services for children, young adults, adults and older adults as well as providing a range of community services for people in Coventry.

Coventry and Warwickshire Partnership NHS Trust has been inspected 21 times since registration. Out of these, there have been 12 inspections covering five locations which are registered for mental health conditions. Lyndon House is a location which has not previously been inspected.

Coventry and Warwickshire Partnership NHS Trust provides overnight short breaks to children with a learning disability and additional health needs (complex physical health needs and/or mental health/behavioural needs). It provides this service in four separate locations. These services all provide planned respite care for children and young people away from their parents or other main carers.

Lyndon House in Solihull provides care for up to seven children with learning disabilities, behaviours that can challenge and additional physical health needs.

Why we carried out this inspection

We inspected Coventry and Warwickshire Partnership NHS Trust during our wave 1 pilot inspection. The Provider was selected as one of a range of providers to be inspected under CQC's revised inspection approach to mental health and community services.

How we carried out this inspection

To get to the heart of people who use services' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following core service at this location:

• Services for people with learning disabilities or autism

Before visiting, we reviewed a range of information we hold about the location and asked other organisations to share

what they knew about the location. We carried out an announced visit on 22 January 2014. We spoke with the manager and with staff on duty. We observed how children were being cared for. We reviewed care or treatment records of children who used the services. We spoke with parents who used the services who shared their views and experiences of the location.

Information about the service

Coventry and Warwickshire Partnership NHS Trust provides overnight short breaks to children with a learning disability and additional health needs (complex physical health needs and/or mental health/behavioural needs). It provides this service in four separate locations, of which Lyndon House is one. These services all provide planned respite care for children and young people away from their parents or other main carers.

Lyndon House in Solihull provides care for up to seven children with learning disabilities, behaviours that may challenge and additional physical health needs.

Summary of findings

The needs-led approach to bed occupancy ensured beds were not filled beyond the capacity of Lyndon House to manage the needs of the children there at any particular time. This enabled children's needs to be met by enough staff and in a safe environment where their needs would not conflict with the needs of others.

Lyndon House had clear child-centred care plans in place for staff to follow. Staff gave us consistent answers about how they supported particular children with complex needs. We saw that staff were committed to the wellbeing of the children they supported, and this was confirmed by their parents. Staff were also responsive to the needs of children and parents.

Staff were trained and experienced and highly motivated and committed. Many had worked at Lyndon House for many years and knew the children they supported well. Parents were very positive in their views of the service.

Are services for people with learning disabilities or autism safe?

The needs-led approach to bed occupancy ensured beds were not filled beyond the capacity of Lyndon House to manage the needs of the children there at any particular time. This was particularly evident where children with challenging behaviour were supported. Staff showed a good awareness of where a child's needs might conflict with another's, or where two children's needs were so demanding they could not be accommodated at the same time as other children or each other.

Staff showed a good awareness of their responsibilities in safeguarding. We saw that staff noted and recorded all bruises and checked out the reasons they occurred so they were satisfied there were no concerning reasons for them.

Staff were well supported and properly inducted and trained. A new staff member at Lyndon House told us they felt welcomed, well supported and had a very positive experience.

All staff were trained in how to safely restrain a child should they need to do so. Staff were able to provide good examples of how they defused and diverted children, using restraint only as a last resort. We saw staff support someone leaving for school. We saw them reassure the person and ensure they were calm and not upset by any particular 'triggers'.

We looked at medication administration. A staff member at Lyndon House told us the last medication error occurred in summer 2013 and had been reported to medicines management which had resulted in an improvement and tightening of the system. We saw that medicines were safely stored. We saw how medication coming from each child's home was checked to ensure it was accurate and tallied with records. One parent told us they are super efficient about medication.

Are services for people with learning disabilities or autism effective? (for example, treatment is effective)

Lyndon House had clear person-centred care plans in place for staff to follow. We saw that in addition to the care plans, laminated 'need to know' guidance was displayed in rooms to inform staff who may not be familiar with any changes to a child's needs.

We saw staff had the skills, knowledge and experience to effectively meet children's needs and work confidently with other agencies and carers to ensure these were met.

They were a stable team with low turnover. Most staff had worked at the service for many years and knew the children they worked with well.

We talked with different staff and got consistent responses about how they supported particular children with complex needs.

Staff told us they liaised with schools to ensure balanced diets and to foster consistent responses to individual needs. Staff said some children had particular preferences and they also wanted to ensure that children didn't have the same type of meal in the evening as they did in the day.

Staff at Lyndon House told us they would like a new, purpose built environment. They told us Lyndon House's effectiveness was compromised by having an upstairs floor and a narrow corridor, which meant it was harder for some people with physical disabilities to manoeuvre and that people could not pass each other in the corridor easily. They said safety was not compromised, but that it could cause inconvenience at times. Staff had worked well to make the home colourful, bright and child-friendly with lots of photographs and pictures.

One parent told us it looks dull in places, but in the great scheme of things that's trivial compared to how good they are with the children and families.

Are services for people with learning disabilities or autism caring?

Staff showed us they were committed to the wellbeing of the children they supported. In many cases, staff had worked there for 10 years or more and had seen children

grow up and leave the service. It was evident from discussion with staff that their work and attention was focused on the individual needs of each child. One parent told us that when their child is at Lyndon House, they know the other children who will be there, the staff, the routines and that it is a positive experience.

Parents told us the staff were very caring and supportive. On parent told us it was like an extended family, they bend over backwards to help. Another said the staff are always supportive and they try to understand your child well.

Where children had limited verbal communication, staff showed a very good awareness of non-verbal cues, what children liked and disliked and how they preferred to be approached.

Staff were committed to fundraising for extra items and facilities for children who used the service. A 'Friends of Lyndon House' group had raised money to support outings and extra play items, including items for a 'soft play' area.

We saw and heard about examples of good, child-centred practice. We saw staff showing a good awareness of children's needs and likes. This was particularly evident when we were able to discreetly observe one child being supported and guided in preparing to go to school. Staff worked together to make the preparation as smooth as possible for the child, giving them reassurance and clear, unambiguous guidance throughout. What had started as a potentially quite challenging situation for the child ended with them happily getting onto transport to take them to school.

Are services for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

We saw the service worked well to balance requested dates of stays with a suitable mix of children who were compatible with their needs. Staff told us that those who used the service were assessed and agreed by a local selection panel but once that process was approved each unit was able to agree with parents what dates would be available. Staff told us there was some scope for emergency stays for people using the service.

We saw staff responding appropriately to the needs of the child they were supporting to get ready for school.

Parents told us how supportive the service was and how it helped them. One parent told us that staff speak up on my behalf to the powers that be. Another said they were happy to listen and that is there were any concerns they should be happy to raise them with the manager.

Another told us they involved parents and asked their opinion. That it was lovely because their opinion mattered as a parent. They felt part of the whole process and it was a breath of fresh air.

The home had a child friendly environment. There were painted murals, pictures and decorations which ensured it was bright and welcoming, in spite of it not being purpose-built. Staff were keen to ensure there were lots of photographs showing the children enjoying themselves on various outings.

Are services for people with learning disabilities or autism well-led?

Many staff, including the manager, had worked at Lyndon House for many years, leading to stability and consistency. Staff told us they felt well supported by management. The manager told us they were allowed to make needs-led decisions about occupancy. Staff told us the support from the estates management was good, with maintenance and repairs being dealt with promptly. Staff were confident that any concerns were addressed promptly.

The manager told us they were generally given autonomy to use resources to meet assessed needs. This was particularly the case with bed occupancy, where there were sound clinical reasons for only some beds being occupied at times.

Observations and discussion showed staff had traditionally done good work at Lyndon House and were supported by the Trust to continue in this work, with clinical guidance as required from appropriate health professionals.

Lyndon House provides a service within the Solihull area. The manager told us they had regular contacts and meetings with the other three services in Coventry and North Warwickshire that provide a similar local service across the Trust. The manager gave us an example of how they had been offering advice and support to another

service during the absence of their manager. The manager told us they had been to the other homes, but that most of the contact was by phone. Because the services were in geographically separate areas and in some cases had been

run by different organisations until relatively recently, we suggested they all might benefit from sharing good practice, possibly through managers doing 'peer reviews' of each other's services.