

The Society of St James Linden House

Inspection report

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Date of inspection visit:
15 March 2022
17 March 2022

Date of publication:
18 May 2022

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Linden House is a care home providing accommodation and personal care to up to 23 people. The service provides support to older people, and people with physical and mental health needs, arising from alcohol and substance dependency. At the time of our inspection there were 22 people using the service.

The home accommodates people in a residential building which has been extensively adapted and extended. There has been recent redecoration. There is an enclosed garden with a barbecue.

People's experience of using this service and what we found

People's care and support led to outstanding, positive outcomes. People with complex needs arising from addiction received life-changing, and occasionally life-saving support. One person's relative said, "I can't praise the staff enough with their care, dedication, and hard work they put into making the residents safe and giving them much needed support."

People were safe and protected from avoidable harm and abuse. The provider supported people to keep themselves and their belongings safe and secure. The provider had processes to manage people's medicines safely, and had put in a variety of infection control measures in response to the COVID-19 pandemic. A healthcare profession praised staff's professionalism in administering lateral flow tests.

Feedback from people and their families about the effectiveness of the service was consistently good. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service supported people to regain control of their lives, their independence and dignity. Support was based on the provider's values of respect, response and recognition.

People had a service that was consistently well managed and well-led. The leadership and culture promoted high-quality, person-centred care leading to positive outcomes for people. Staff morale was positive after an exceptional period of stress in the adult social care sector, and there was an up-beat, cheerful atmosphere in the home.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

This was the first inspection since the provider took over the service in July 2020. The last rating for this service under the previous provider was good (published 4 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Linden House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how ready the service was to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Linden House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 March 2022 and ended on 21 March 2022. We visited the location on 15 and 17 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the provider added the location to their registration. We used the information the provider sent us in the provider information return (PIR). This is

information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing care and support in the shared areas of the home, including using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people about their experience of the service. We spoke with six staff, including the deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records related to the management of the service, including people's care records, case studies describing examples of positive outcomes for people, and written testimonials from people's families, care managers and other professionals.

After the inspection

We contacted social care professionals who worked closely with people living at Linden House. We continued to receive relevant records from the provider and to seek clarification to validate the evidence we found. We considered all the evidence collected during the inspection to inform our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems and processes in place to protect people from the risk of abuse. People moved into the service from environments in which they were exposed to the risk of abuse and exploitation. These included being deprived of certain human rights, such as freedom from degrading treatment and respect for family life. The provider worked with appropriate agencies to make sure these risks were managed. Staff were aware of the risk of abuse, and what they should do if they suspected any person in the service was at risk.

Assessing risk, safety monitoring and management

- The provider took action to assess and reduce risks associated with people's living environment. Equipment was regularly serviced and maintained. There were recent risk assessments for fire and COVID-19 infection. The provider had individual risk assessments for those who chose to smoke and those who did not. Staff had fire prevention and awareness training, and carried out weekly checks on fire safety equipment. There were regular evacuation exercises.
- The provider had a pro-active approach to managing risks which involved people and took the least restrictive approach. People's individual risk assessments included risks to themselves and to others. The provider used individual risk assessments, an induction for new residents and residency agreements to make sure Linden House offered a safe environment for everybody living and working there.

Staffing and recruitment

- There were enough staff with the right mix of skills to support people safely. The provider had increased staffing levels after buying the home, and they made sure there was contingency to cater for staff sickness and other absence. We saw staff were able to support people professionally and without rushing.
- There were robust systems for safe recruitment. The provider kept records to show the necessary checks were made before they employed new staff. People and their families could be confident staff selected were suitable to work in the care sector.

Using medicines safely

- People received their medicines safely and in line with good practice standards. There were regular reviews of people's prescriptions to make sure their medicines were still appropriate and required. There were internal and external audits of medicines records. Protocols were in place if people needed to take medicines out of the home.
- Staff were trained to administer medicines had their competency checked regularly. Staff supported people with their medicines appropriately. They knew how people liked to take medicines, explained what the medicines were for, gave people time to swallow all their pills, and used encouragement and praise to

make sure people took all their prescribed medicines.

Preventing and controlling infection

- The provider had processes in place to manage infections including flu, coronavirus and norovirus. During the pandemic, staff had worked in dedicated teams to reduce the risk of COVID-19 spreading.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's policies and practice in relation to family visits were in line with the government guidance at the time.

Learning lessons when things go wrong

- Staff understood the need for openness and transparency. There was an effective system for recording incidents and accidents. Accident records were all reviewed by the registered manager and escalated to higher management when necessary. Staff identified actions to prevent repeat incidents and identify lessons to improve the safety of people's care and support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were comprehensive assessments of people's needs. The provider used these to inform people's support plans, risk assessments and agreements. There was detailed information about people's choices and preferences.
- The provider was aware of various sources of information to ensure the care provided was in line with standards and best practice guidance. The provider is a prominent local charity supporting people for fifty years with problems arising from homelessness, and substance and alcohol use. The provider had significant expertise of developing good practice in supporting people with multiple needs in a residential setting.
- The provider took account of guidance from other expert bodies. Their first aid at work policy referred to guidance from the Health and Safety Executive. Their safe handling of medicines policy was based on guidance from the local clinical commissioning group. The fire policy included reference to the legal basis for the policy. Policies and procedures reflected good practice and legal requirements.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, skills and experience to carry out their roles. A programme of training included equality, diversity and inclusion, protecting personal information, managing behaviours, and fire awareness. Specialist training included supporting people with diabetes, and managing the risk of self-harm and suicide. People were confident staff had the necessary knowledge to support them as they needed.
- Induction for new staff was based on the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People had genuine choice and access to sufficient food and drink throughout the day. Staff knew if people had food allergies or specific needs, such as diet-controlled diabetes. Staff made sure people had enough to drink, and fruit was available at all times. When a person declined a biscuit with their cup of tea, staff offered an apple or cheese instead.
- People were complimentary about the meals. On the day of our visit, one of the lunch options was Irish stew to mark Saint Patrick's Day. One person said at the end of the meal, "It was lovely. I really did enjoy that." The provider encouraged people to eat and drink enough through a variety of menus and offering meals in line with people's choices.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked collaboratively with other services and agencies to understand and meet people's care needs. The provider supported people to work with independent advocates to help understand their needs. There was close working with professionals such as occupational therapists and the community mental health team to ensure care met people's needs.

Adapting service, design, decoration to meet people's needs

- The provider had made changes to the home, equipment and furnishings to meet the different needs of people moving into Linden House. They had removed a stair lift and adjustable beds where these were no longer required and replaced them with new hoists and standard beds. The provider had decided to retain a visiting pod which they had built for use during the COVID-19 pandemic, as it could be used as an additional private space for family or professional visits.
- The provider had redecorated the home taking into account people's preferences with respect to pictures and murals. One person's relative had said, "[Name] is happy to have his room 'jazzed up a bit' with more personal pictures." The provider had built a sheltered barbecue area which encouraged people to spend more time outside, and a separate smoking area which gave people who chose to smoke a space where they would not affect other people and staff.
- The provider had built an office in the garden of the home because the original office was too small to be practical. The new office provided more space for confidential discussions with professionals and multi-disciplinary teams, and greater privacy for people's personal and confidential information.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to access other healthcare services. People had regular sight tests and dentist appointments. Where necessary people were supported to attend hospital and other appointments. People had regular blood tests if this was indicated by their prescribed medicines. There was a weekly visit by a nurse from the GP practice.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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 had the appropriate legal authority and were being met.

- Mental capacity assessments were specific to single decisions, and followed the correct process, with the provider using a toolkit developed by the local authority. The provider complied with conditions on authorisations to deprive people of their liberty such as supporting them to leave the home for leisure and other reasons, reviewing care plans to identify any changes in people's needs, and reviewing the need for

sedative medicines with the person's GP.

- Where people had capacity, their consent to various aspects of their care was recorded. This included measures to help them manage or abstain from smoking and alcohol use.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw people were well treated and supported. There was a positive and cheerful atmosphere in the home, and staff encouraged and praised people, making sure people did not feel excluded. A staff member told a person, "You have come on loads since you have been here." The person replied, "I am so happy. I am so glad." Staff treated people with kindness and compassion.
- The provider respected equality and diversity in their care assessments and support. Where people had communication needs, these were reflected in their care plans. Staff made sure people's hearing aids were working where they had a severe hearing impairment. One person had a visual fire alarm in their room, and they communicated with staff by using a note pad. Staff had made reasonable adjustments to protect people's rights under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in their care. They helped people with their bank statements and mobile phone accounts. Records showed people were included and participated in agreements about their care and support, and how they managed their alcohol and substance use. The provider worked with other organisations specialising in support for people with addictions to make sure agreed care plans were tailored to the person's individual circumstances.
- The provider made sure people understood all their care plans and other paperwork, supporting them to have access to independent advocates where necessary. Staff involved people in reviews of their care plans and agreements. The provider supported people to undertake training provided by specialist organisations and teams working in the area of alcohol and substance use to help people cut down or quit their use of drugs and alcohol. There were many opportunities for people to take ownership of their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's dignity. They responded promptly when people appeared distressed or in pain. Staff checked if people were all right, offered assistance with their personal care, or offered alternative activities. People had prompt and compassionate support when they needed it, which promoted their dignity.
- Staff respected people's privacy and independence. They checked if people were happy to have their medicines in the shared lounge or in their own room. They guided people to move about the home safely using mobility aids such as Zimmer frames. They gave directions such as, "Down there, where the green door is." People could do things as independently as possible. One person said, "I have got back my dignity and my pride."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support at Linden House met people's needs and preferences and often led to exceptionally positive outcomes for people. The provider supported people to move on from lives made chaotic by addiction which severely limited the choice and control they had over their lives. In some cases, people found a permanent home at Linden House, where their needs arising from lasting conditions caused by their addiction could be met and they were supported to remain abstinent. In other cases, people were supported to return to their own accommodation or more independent care settings once they had their addiction under control.
- Staff developed individual and personalised plans based on people's circumstances and multiple needs. One person came to Linden House with a history of diabetes, drug addiction and overdose. They presented with withdrawal symptoms after trying to detoxify without support. Their mood, blood sugars and appetite were out of control. Staff worked out an agreed support plan which resulted in them regaining control of their insulin-controlled diabetes, and stabilising their mood. They had returned to their own flat and at the time of our inspection had remained abstinent.
- Staff supported people with physical and mental health needs. One person was discharged to Linden House from hospital, and was described as poorly and unable to look after themselves. They described their own circumstances at the time, "I felt down, depressed, had hit rock bottom." At the time of the inspection they were looking forward to returning to their own flat. They said, "Everyone at Linden House has helped me get back on my feet again. I am really grateful. It's the honest truth."
- Testimonials from people's social workers and families supported the outstanding outcomes for people. A social worker had commented, "[Name] is a man transformed since he has been with you." A family member had written, "I have seen my brother change from someone with addiction to become the brother that I once remember him being. It is such a joy and a pleasure to see him enjoying life once more." Support in Linden House restored people's health, wellbeing, and their rights to life and family life.
- The provider promoted their vision to support people to take back control of their life through empowering lifestyle changes. This was achieved through non-judgemental, person-centred care which took account of people's past experience and possible trauma. The service empowered people to improve their own wellbeing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider supported people with communication needs to make sure they understood information about their care. One person's hearing deteriorated over time. They were supported to have a hearing aid fitting which improved their quality of life and wellbeing. The provider followed the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a significant focus on avoiding social isolation in the home. We saw there were supportive and caring relationships between different people living at Linden House. One person's representative said, "[Name] was so much happier in Linden House than in his old house. He started to get used to company and overcome his loneliness since his wife died." The support people received allowed them to re-establish relationships which had broken down because of their addiction.
- People had support to follow interests and take part in relevant leisure activities. We saw staff explain to one person how they could play their preferred style of music on a shared smart speaker. Another person had a number of books and magazines about a hobby which they used to actively pursue. Activities in the home were also linked to outside events, for example there was a Saint Patrick's Day quiz on the day of our visit.
- Where it was safe, people could go out independently for shopping, or in groups to local attractions. There was also an enclosed garden where people could benefit from fresh air. One person's family member said, "The garden is a great place. It is lovely to see this space put to use. [Name] is happy weeding and gardening, as this has always brought her pleasure."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints process, which people knew about. There was an annual review of complaints and how they had been managed to identify any additional learning points. There had been no recent complaints about Linden House.

End of life care and support

- Linden House provided end of life care and support which met people's needs, respected their choices, and made sure their final days were pain-free and dignified. Staff worked with a local hospice and visiting specialist nurses to make sure there was a high quality of care at the end of people's life. The provider received complimentary feedback about their support for people and their families during their final days. One person's daughter had said how grateful she was her father had spent his last few days being cared for at Linden House.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, open, and inclusive. We saw staff respond promptly and effectively to support people according to their individual needs. Staff promoted people's dignity and independence in their day to day care and support. Staff praised people to encourage them to be as independent as possible. Staff put into practice the provider's published values of "response, respect and recognition".
- The service achieved good outcomes for people. A social care professional said there was a very high standard of support to their clients, with continued positive progress and noticeable differences in their overall wellbeing. Another professional said, "One of my clients in particular has improved so well since moving there, he now engages with residents and staff, eats downstairs with them and his behavioural needs have improved." The provider put their vision into practice in supporting people to improve their quality of life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of the need to be honest and transparent with people and their families if things went wrong. There was an open culture which promoted honesty and transparency.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their role and responsibilities. There were effective internal communications based on meetings, handovers and supervisions. The registered manager was responsible for both Linden House and another nearby home. There was a clear management structure with a deputy manager and lead support workers. Staff were trusted to get on with the job and there were always senior staff or managers available for advice and support.
- Staff showed an understanding of quality and risk management. We received appropriate notifications of events providers are required to tell us about. We received an updated provider information return (PIR) when requested. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was formal and informal engagement with people using the service and staff. In a relatively small service, there were opportunities for day to day contact, feedback and listening. There were residents meetings and an annual service user survey. Comments in the survey undertaken in February 2022 included "All the staff go above and beyond to support me" and "I think you treat me really well".

Continuous learning and improving care

- The provider had an effective system of internal quality assurance audits. These were used as the basis for continuous improvement planning. Regular audits covered areas such as medicines, people's finances, and care planning. The results of the audits were reviewed by the management team, and immediate actions taken such as maintenance and repair of the fabric of the home. Longer term service improvement actions were added to the provider's business plan for Linden House. These included plans for additional improvements to the garden. There was a culture of continuous improvement.

Working in partnership with others

- The provider worked actively with other organisations and agencies to maintain a high standard of care and support. These included social services, commissioners, and community mental health agencies. The provider engaged with other charities and organisations which specialise in supporting people with addiction to make sure people had support appropriate to their needs.