National Schizophrenia Fellowship

Lindsay House

Inspection report

110-116 Lindsay Avenue
Abington
Northampton
Northamptonshire
NN3 2JS
Tel: 01604 406350
Website: www.rethink.org

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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

Overall summary

This unannounced inspection took place on 12 May 2015 Lindsay House is a supported living home, registered to provide personal care for up to 15 people with enduring mental illness. At the time of our inspection one person living at the home was receiving personal care. Another person who also received personal care had been admitted to hospital.

There was a registered manager in post; a registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run. At the time of the inspection the registered manager was on maternity leave and suitable interim management arrangements had been put in place.

People were protected from receiving unsafe care. The recruitment procedures carried out at the home

Summary of findings

protected people from being cared for by staff that were unsuitable to the work in a caring environment. The staff were appropriately trained and had the knowledge and experience to meet people's needs.

The staff had a good understanding of what constituted abuse and were knowledgeable of the safeguarding reporting procedures.

Safe systems were in place for obtaining, storing, administering and disposing of medicines.

Staff followed strict protocols when giving medicines to people prescribed to be given when required (PRN).

The managers and staff where knowledgeable about the codes of practice relating to the Mental Health Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received a varied, healthy and nutritious diet and people at risk of not receiving adequate nutrition where encouraged by staff to follow a healthy diet. Relevant healthcare professionals were also involved in promoting good health and wellbeing.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. The care staff were attentive and responded in a timely way to people's requests. They understood their duties and carried them out effectively. Their manner was friendly and they encouraged people to retain as much independence as their capabilities allowed.

People were supported to engage in occupational and recreational activities of their choice.

Suitable systems were in place to continually monitor the quality of the service, although the actions taken to address areas requiring improvement were not formally recorded.

Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

Summary of findings

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.

The staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they witnessed or suspected any abuse.

People were cared for by sufficient numbers of experienced staff that had been appropriately recruited.

The risks associated with people's care, were assessed before they came to live at the home and where regularly reviewed to ensure peoples continually received safe care and support.

Established systems were in place for the obtaining, storing, administration and disposal of medicines.

Is the service effective?

Good

The service was effective

People were cared for by staff that had been trained and appropriately supervised, they had the required skills and experience to effectively meet people's needs.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice.

People's healthcare needs were continually met and the staff provided support to ensure people received a healthy nutritious diet.

Is the service caring?

Good

The service was caring

People's rights to be treated with dignity and respect were promoted.

People were involved in making decisions and planning their own care and their views were listened to and acted upon.

Staff encouraged people to do what they could for themselves but promptly responded requests for assistance whenever this was necessary.

Is the service responsive?

Good

The service was responsive

People's care was individually planned with them, or where this was not possible with their representatives.

People were fully supported to engage in occupational and recreational activities of their choice.

People's needs were regularly reviewed so that they continually received the right care for them.

The service listened to people's experiences, concerns and complaints; they were taken seriously and responded to appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led

A registered manager was in post, although they were currently on maternity leave. The interim manager understood and acted upon their responsibilities.

Staff at all levels fully understood the standard of care that was expected of them and the principles of providing good care.

The service and was open and transparent in their dealings with people, visitors, staff and stakeholders.

Established systems were in place to continually monitor the quality and safety of the service.

Lindsay House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 May 2015; it was unannounced and was carried out by two inspectors.

Before the inspection we contacted health and social care commissioners who helped place and monitor the care of people living in the home. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we made general observations, including the interactions between staff and people living at the home. We viewed people's bedrooms by their agreement. We also took into account people's experience of receiving care by listening to what they had to say. We spoke with the interim manager, the area manager, two people living at the home and three care support workers.

We reviewed the care records and risk management plans of two people living at the home who received personal care. We also looked at records in relation to medicines management, staff recruitment, staff training and the provider's management quality assurance records.

Good

Is the service safe?

Our findings

People living at the home were protected from abuse by staff that supported them to raise any concerns about their safety. We saw that information was on display with the details about the Care Quality Commission and the local authority safeguarding team that included the contact details.

The staff were knowledgeable about the type of incidents that constituted as abuse and of the organisational and local safeguarding reporting procedures. We saw that the procedures also included how staff could raise safeguarding concerns outside of the home, known as 'whistleblowing'. One member of staff said "I have completed safeguarding training and know what the different types of abuse are and how to report any concerns to the manager." We saw that when safeguarding concerns had been raised these had been taken seriously and the provider worked with agencies such as the local authority to investigate and resolve the concerns.

People's individual risks were assessed and regularly reviewed. Staff appropriately managed behaviours that challenged the service and supported people from placing themselves and /or others at harm through using effective self-help techniques. The risk assessments also addressed the risks of people receiving unsafe care, for example, risks due to poor mobility and falls, nutrition and hydration. Manual handling risk assessments were carried out that outlined the support people needed to mobilise safely. They also linked with the personal emergency evacuation plans that were intended to inform the emergency services of their mobility needs in the event of an emergency requiring evacuation of the building.

Accident and incident monitoring systems were in place. Staff routinely reported incidents such as medication errors, injuries, incidents involving the police and safeguarding concerns to CQC, the police and the local authority safeguarding team. The manager told us looked for patterns or trends in relation to establishing any possible cause for the incidents. They said provider also reviewed the information to ensure that correct action was taken to mitigate and reduce the risks of people receiving unsafe care.

Satisfactory recruitment practices were followed to check that staff were of good character, physically and mentally fit to work at the service. New staff did not start work until employment checks had been completed. The provider carefully selected the staff they employed to ensure they had the necessary skills abilities and experience to provide people with the right care and support. The staff confirmed the provider had carried out checks through the Disclose and Barring Service (DBS) and the Criminal Records Bureau (CRB). One member of staff said "I had two interviews and had a DBS and CRB check carried out." .

Quality assurance systems were in place, however we found information on staff training was not easily accessible, for example, each individual staff files had a record of the training the member of staff had undertaken. There was no system to in place for the provider to have a group overview of the training all staff had received and when training updates were due. We also found

There were enough staff to meet people's care needs. The area manager who worked for the provider told us that although there was no set formula for calculating staffing levels, they considered the care and support people needed. This included the support people needed to take their medicines, cooking, housework and personal care needs. They told us that the staffing levels were flexible and where increased as and when people's needs changed. They told us that recently more full time and permanent staff had taken up post and they were actively recruiting their own 'bank' staff to cover for planned and unplanned staff leave and sickness.

The staff told us that the service was sufficiently staffed. One member of staff said "We have enough bank staff we can call on whenever needed." The staff rota's reflected the staffing levels as explained to us and during the inspection we observed there was sufficient staff available to respond to people's requests for assistance. The staff spent time with people, providing company and support going at people's own pace.

Established systems were in place for the obtaining, storing, administration and disposal of medicines. The staff that administered people's medicines had received appropriate training. They were knowledgeable about each person's prescribed medicines and their individual medicines support plans. Some people self medicated and they were fully supported to do so by the staff. We saw that staff were alerted to medicine updates to keep them informed of current practice and their responsibility to closely monitor people for any side effects or adverse

Good

Is the service safe?

reactions to medicines, for example, for people prescribed who were prescribed Clozapine. We also saw that staff had received training on epilepsy management and how to administer rescue medication such as, buccal midazolam.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills need to carry out their roles and responsibilities effectively. At this inspection visit we found that most of the staff had recently taken up post at the service. They told us they had received comprehensive induction training when they came to work at the service and had completed training on health and safety, fire awareness, first aid, safeguarding, care plans and support plans and mental health awareness training. They also told us that they had completed a range of mandatory training which included the safeguarding of vulnerable adults and additional training in meeting the specific needs of some people living at the home. For example, diabetes training that had been provided by a healthcare professional that specialised in the care of people living with diabetes and epilepsy.

We saw that within each staff file they had a record of the training they had undertaken. However there was an absence of a staff training plan, to provide an overview of the training that all staff had undertaken and when training updates were due to be completed.

People's needs were met by staff that were effectively supervised. The staff told us they had regular one to one 'supervision' meetings with their manager and that they felt well supported by the management. A programme of staff supervision and appraisal was in place and dates for staff supervision meetings were planned between each member of staff and their manager. Staff meetings also took place that provided a forum for 'group supervision' to take place to discuss the care and the support they provided for people and discussions focussed on reflective care practice, staff training needs, best practice and meeting high standards of care.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. We saw that mental capacity assessments had been carried out for people to identify where people lacked capacity to make some decisions in their lives. For example, the ability to self-administer medicines and where support was required to ensure that medicines were taken as prescribed.

People had access to advice and support from health and social care professionals. People told us that the healthcare support they received was good, they confirmed they were supported to attend appointments at the dentist, opticians, chiropody and to see their GP. We saw that all visits and contact with the health and social care professionals was recorded within people's care plans.

People received appropriate health care support had had regular access to health professionals such as their G.P, mental health professionals and the podiatrist. Staff also confirmed the support was in place to ensure people had access to mental health services and a range of community health services such as the continence management service.

Nutritional assessments were carried out to identify people at risk of poor dietary intake. Based upon the assessments eating and drinking care plans were put in place that outlined the support people needed to eat and drink as independently as possible. We also saw that checks were carried out to see if anybody had any food allergies or intolerances. The staff closely observed each person's food and drinks to ensure they received healthy, balanced diets. People told us they liked the food and the meals provided and that they also liked going to the local shops to buy their favourite treats. People told us they were involved in choosing the meals to include on the menu each week and that each week they had a take away meal, such as pizza, Chinese or Indian meals.

People were supported to eat a healthy and nutritious diet. For example, one person had been supported to make healthy living choices by reducing their intake of sugar and eating healthy snacks such as fruit and yogurts in preference to chocolate and crisps. While, we saw that a balanced, hot and nutritious meal was served each day; staff told us that they also catered to individual needs. For example, one member of staff said "[person's name] does not always like a cooked meal at lunch time but they have a ham salad when they are ready for it and are offered alternatives and healthy snacks".

Good

Is the service caring?

Our findings

We observed that people and staff had developed good relationships. One person said "The staff are very nice and they are quite useful." Another person said, "The staff are good to me, I really like it here." A member of staff said, "I always try to approach people in a way that I would like to be approached." We observed that people appeared comfortable asking staff for help and support when they needed it. We also observed that staff spoke respectfully with people in a way that was optimistic and positive.

One person was receiving treatment in hospital and the staff regularly visited them to maintain continuity and provide companionship. This ensured the person did not feel isolated and the staff were kept in touch on their progress.

People were supported to make their own choices and be in control of their daily lives. The supported living setting gave people the autonomy to come and go as they pleased. One person said "I like to buy myself things and have money each day to buy drinks, chocolate and cigarettes." A member of staff said "The people that live here are supported to be in control of their own lives; we encourage people to be confident in making their own choices and don't tell people what to do."

Staff understood the need to maintain people's privacy and dignity. One member of staff said "People have their own door key, it's their home and people are treated with respect here." We saw that staff interacted positively with people and their manner of approach was comforting and patient. We saw staff sensitively attended to people when they needed assistance or were observed to be in any discomfort.

The information within peoples care plans included their preference, likes and dislikes hobbies and interests. People said they were involved in setting up their care plans and also in care plan review meetings. Where this was not possible due to lack of understanding or capacity, relatives had been involved in making decisions about their care. For example, one care plan stated "My [relative] supports me in all my decision making." We saw that staff regularly contacting the relative to keep them updated about their health and welfare and any changing needs. This was also confirmed by a visitor who said they were very involved in making decisions on behalf of their relative.

People's diversity was respected. The staff understood each person's right to make choices and preferences had to be respected when caring for them. For example, people choosing the gender of staff they wished to provide them their personal care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us they were treated with dignity and respect and they felt fully consulted in all decisions about their care and treatment. We saw that regular meetings took place with people to discuss and review their care plans and personal goals to ensure they were being continually met.

Each person had a care plan that was used to guide staff on how to involve people in their care and provide the support needed. People us their care plans were discussed with them and they were encouraged to express their views and say what was important to them. We saw within people's care plans that people had been asked for their consent and had given and had agreed for visiting health and social care professionals to have access to see their care records.

Staff recorded the treatment they had received from healthcare professionals and we saw that one person had been experiencing ongoing foot problems and was receiving care from a podiatrist. However we noted a care plan had not been put in place to reflect the treatment the person was receiving, we also noted a section within the care plans entitled 'my physical health and wellbeing' did not contain any information about the treatment the person was receiving and the support needed by staff to ensure it was maintained. We brought our findings to the attention of the manager at the time of the inspection who assured us they would arrange for the information to be incorporated into the person's care plan.

People were supported to engage in occupational and recreational activities. The care records contained information detailing people's interests and hobbies and people were encouraged to share what their likes and dislikes, hobbies and interests were. The staff had an in-depth knowledge of people's health and wellbeing needs. The feedback we received from people was mainly positive, although one person did express that they thought the staff sometimes seemed disinterested in them, the staff demonstrated a good knowledge of people's support needs. One member of staff said "I have got to know [person] really well and how I can support them when their mood or behaviour changes."

People were supported to use and maintain links within the community. The service had established close links with the local community. For example, a local business had sponsored mental health days and had arranged for people to do voluntary work at the service. This had resulted in improvements to the environment and raised people's awareness of mental health. The staff also promoted awareness of mental health and encouraged people to get involved in promoting mental health awareness. We saw that individual and group activities were organised such as going out for a "pamper day" to buy clothes and have lunch and going on excursions such as a day trip to London. On a day to day basis people were able to independently go out into the community and pursue their own interests and hobbies.

The service routinely listened and learned from people's experiences, concerns and complaints. People told us they knew how to raise complaints and knew who to speak to if they were unhappy with any aspect of their care. We also saw that information on how to complain was on display on communal notice boards. People were supported to make a complaint and complaints were investigated and resolved. One member of staff said, "We have a complaints box in the living area for people to make a complaint if they want to. We have had the occasional complaint about things such as the menu and they are usually resolved straight away. The manager did have to investigate one complaint but the person decided they did not want to take any further and the situation was resolved." Regular community meetings took place and complaints were a regular agenda item. We looked at records of complaints and found the manager had responded to them appropriately in line with the providers own complaints procedure.

Good

Is the service well-led?

Our findings

The provider's values and philosophy were explained to staff through their induction programme and training and there was a positive culture at the home. The vision and values of the service were person-centred and made sure people were fully consulted, involved and in control of their lives.

Staff at all levels understood what was expected of them. The service had an experienced and knowledgeable staff team. The staff received appropriate training in order for them to continually develop within their roles. There was a strong emphasis on continually striving to improve the service and best practice updates, support and advice from the National Schizophrenia Fellowship was shared with the staff team. Staff told us that they were able to make changes to the service as they were needed. For example one member of staff said "You can make suggestions and improvements and [provider's name] is open to change. I have worked to improve the service by promoting mental health in the community and we have all worked hard to change the way people think about mental health." They also said "Essentially a high quality level of care is provided here and people are treated with respect and encouraged to be autonomous and independent."

People living at the home and their relatives were regularly asked for feedback on the service they received. They told us that regular community meetings took place at which their views were always sought and taken into account. Minutes from the meetings were put on the community notice boards, on person said, "I didn't attend the last meeting, but I have read the minutes."

People were asked to participate in giving feedback on the quality of the service. However the only survey available to view on the day of the inspection was one carried out in April 2013 to March 2014, although the comments from people were mainly positive, no action plan had been put in place to address areas that required improvement.

People told us the manager, senior team and the staff were very approachable and supportive. They spoke fondly of the staff and where aware of the different roles and responsibilities of each member of staff. Discussions with the manager and the staff team demonstrated that they knew the people living at the home very well, they were fully aware of people's individual support needs.

Important information on people's changing needs was effectively communicated to all staff. The daily staff handovers included any changes in people's physical and mental health and the support people needed to attend community appointments.

People and staff were supported to question practice. The staff knew their safeguarding responsibilities to protect people from abuse and knew how to raise concerns under the whistle blowing policy directly to the Local Safeguarding Authority or CQC, if they thought the provider did not act appropriately to safeguarding concerns. They confirmed that the manager always acted immediately on all concerns reported to them whilst fully maintaining people's confidentiality. One member of staff said "We can whistle blow to our immediate manager and also the provider. We can go to the police, CQC and the safeguarding authority."

Management quality assurance systems were in place to drive continuous improvement. They covered areas such as, accidents and incidents, health and safety, fire checks, building upkeep, care plans and medicines audits. Monthly visits also took place by a senior manager, reports of the visits were produced and areas identified for improvement had action plans in place with timescales for completion.