

National Schizophrenia Fellowship Lindsay House

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

About the service:

Lindsay House is a residential care home which is registered to provide a supported living service for people with a mental health diagnosis. The service can support up to 15 people who require personal care support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection five people were receiving personal care.

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

People continued to receive safe care and were protected against avoidable harm, neglect and discrimination. There were systems in place to make sure the service was safe, with good staffing levels and skilled staff to deliver good quality care.

Risks to people were fully assessed and well managed. Staff had been safely recruited to meet people's needs and there were sufficient staff to support people. People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people when required.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken, and improvements were made when needed. Staff felt well supported and said the management team were open and approachable. The service worked in partnership with outside agencies.

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

Rating at last inspection.

The last rating for this service was Good (published 29 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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.

Lindsay 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 Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service. We used all of this information to plan our inspection.

During the inspection:

We spoke with two people who used the service. We also spoke with four staff members that included the registered manager, the manager and two mental health recovery workers. We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision and examined a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We carried out telephone interviews with two relatives of people using the service to gain their views about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training information and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives told us their family members received safe care. One person said, "I feel safe here because there is always someone around. I'm not on the street." A relative commented, "[Family member] is safe here. The staff know how to support [family member] with their medicines and how to support them to stay well and to be safe."
- Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was at risk. One said, "I would report anything I was worried about. I wouldn't hesitate. We have a duty of care." Staff told us, and records confirmed they had completed training in relation to safeguarding and whistle blowing.
- There were policies and procedures in place to provide the registered manager and staff with guidance about how to report any safeguarding concerns. We saw that the registered manager had raised safeguarding alerts appropriately and had systems in place to investigate any concerns.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of self-neglect and self-harm and there was specific guidance in place for staff to follow to reduce the risks.
- Risk assessments were up to date and available to relevant staff. This meant staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- People gave us positive feedback about staffing numbers and felt there were enough staff to meet their needs in a timely manner. One told us, "There are enough staff around. There is always someone to help."
- We observed, and staff told us there were sufficient staff to meet people's needs. One staff member said, "There is really good team work and we support each other to make sure we can meet people's needs." Staff rotas showed staffing was consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. The organisations head office completed the recruitment records, and these were not all held locally, so we were unable to verify that suitable employment checks had been completed. Following the inspection, the registered manager sent us confirmation the relevant checks had been undertaken. These included Disclosure and barring service (DBS) security checks and references. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling

medicines had received training around medication and how to administer it safely. Staff followed the provider's medicines procedure.

- Regular medicines' audits informed managers of any issues which were rectified in a timely manner. Medication charts were fully completed with no gaps.
- People had strict and very specific medication needs to maintain good mental health. We saw there was detailed information in relation to people's medication needs, including support to self-administer their own medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.
- The environment was clean and hygienic, and regular monthly audits were completed with action plans in place to address any issues.

Learning lessons when things go wrong

- All incidents and accidents were logged in people's care files, which made it difficult to identify any trends, so action could be taken to reduce risks. When this was raised learning from these events would be shared with the staff.
- Staff told us the registered manager shared learning with them, for example, the importance to follow a set routine to support a person as a consistent approach promoted their wellbeing.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's care was assessed before they went to live at the service. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessments process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person told us, "The staff are very helpful and help me stay well." A relative told us, "[Family member] has very specific needs and the staff know exactly how to look after them."
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- We saw an ongoing schedule of training in place, to ensure staff kept up to date with good practice.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by senior staff through their one to one meetings. One told us, "We have regular supervision, so we can raise any issues and discuss our training."

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

- People said they enjoyed the meals provided. They told us they were able to have support to cook their own meals in the small kitchen areas provided or there was a main kitchen which people could go to for prepared meals. One person said, "I like the food. It's very good and if I don't like it I can have something else."
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to.
- The registered manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required. People had regular access to a Community Psychiatric Nurse (CPN) and staff were vigilant to any changes in people's mental health conditions. Prompt and appropriate referrals were made to healthcare and social care professionals.
- People had emergency grab sheets to take with them if they needed to go to hospital. Emergency grab

sheets contain information about a person as an individual, for example their communication need and their mental health care needs. .

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

- The premises was suitable and accessible to the people living at the service. Each person had their own en-suite room that reflected their personal tastes and interests. The environment was well maintained, homely and offered plenty of personal space.
- There were communal areas such as lounges and kitchen areas that were accessible and suitable for the needs of people using the service. They had been involved in choosing the décor and colour schemes for all communal areas.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were no restrictions on people using the service and no DoLS applications were necessary. However, the registered manager was aware of the requirements.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives told us the staff were caring supportive and kind. One person said, "The staff are good to me. They take care of me and look after me." A relative commented, "The staff are very good with [family member] who has a lot of issues, but the staff know exactly how to care for them. They have worked wonders and [family member] has improved so much."
- People received supportive care from staff who knew them well. They had developed positive relationships with the staff. One person said, "I like the staff. I get on with all of them." A relative told us, "[Family member] is in the best place. I have peace of mind."
- Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care and achieve their goals. One staff member said, "The best thing about this job is making a difference. There is nothing better to see people reach their goals."
- All the staff spoke about people with warmth, respect and positive regard. One said, "I love my job. I love to see people get on and achieve their goals."

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

- People told us they were encouraged to express their own wishes and opinions regarding their care. They explained that staff listened to what they had to say and ensured their care reflected this. One person told us, "I have a say about my care. The staff always listen to me."
- Staff actively involved people in making decisions and knew people's individual communication skills, abilities and preferences. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider.
- We saw people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff do treat me with respect. I feel very lucky to be here." A relative commented, "The staff treat [family member] with respect. They have an awful lot of patience. It can be a difficult job, but they are always respectful towards people."
- People were encouraged to maintain their independence and do as much as they could for themselves. For example, people were supported to plan, shop, prepare and cook their own meals. Two people told us how they had been supported to access the community on their own.
- People were supported to maintain and develop relationships with those close to them, to build social

networks and have community involvement. Relatives were regularly updated about people's wellbeing and progress.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People and relatives felt the care at the service was good in line with people's needs. One relative told us, "[Family member] has quite specific needs, especially around their mental health and it has to be delivered in a certain way. They have got that right."
- Care plans were detailed, and person centred. They recorded how people's physical and mental health needs, communication, social and emotional needs were to be met. Staff told us care plans were valuable guides to what care and support people needed and were always kept up to date so they remained reflective of people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand, this included easy read and pictorial guides.

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

- People were fully supported to follow their interests and take part in social activities. One person told us, "We can go out to town and do some shopping. I like to play chess and the staff play against me."
- People were supported to take part in activities that were culturally relevant to them. Several people were supported to attend their preferred place of worship.
- People accessed numerous activities in the community and these included the local college, the library. Two people had been supported to obtain voluntary work at a local dog centre and a charity shop.
- People were supported to develop and maintain relationships with people that mattered to them. One person told us how it was important that their family member visited them regularly and this was encouraged by the staff team.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they wanted to raise any issues or concerns and felt they would be listened to. One person said, "I would talk to the staff if I was worried about something." Relatives told us they would feel comfortable to raise any complaints with the registered manager.
- The provider's complaints procedure supported people and relatives to raise concerns and complaints.
- The management team were open and transparent with staff, people and their families. Complaints were recorded and had been responded to appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.
- The provider had policies and procedures in place to meet people's wishes for end of life care to ensure they could meet people's needs at the end of their life.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- At the time of the inspection there was a registered manager. There was also a manager who was going to take over the role of registered manager. People spoke positively about both managers and said they were open and approachable. One relative said, "The management team are helpful and available to talk to. They run a good service."
- The quality of care was regularly monitored. Audits were routinely carried out and included, infection controls, medication, environmental checks, care plans, daily records and health and safety checks. Action plans were put into place when areas needed to be addressed. We saw these had been addressed promptly.
- The management team knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- The registered manager and the manager worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

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

- The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager and the manager notified the Care Quality Commission (CQC) and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and well supported. Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place. One staff member said, "We are well supported. The managers are always available to help and advice."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These enabled the registered manager to identify any

areas for improvement and develop action plans to address these.

- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.

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

- Staff told us that because the service was small the communication throughout the service was very good. Staff told us they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- Service satisfaction questionnaires were given to people when they left the service, so they could comment on their experience and to drive improvement at the service.

Continuous learning and improving care

- The management team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.
- The provider used an incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietitian, the speech and language therapists and peoples GP's.
- The service was an important part of its local community and people attended local groups such as a camera club and an umbrella café that supported people with mental health needs. The local police also visited the service to talk with people about staying safe.