

United Health Limited

Lindum Park House Care Home

Inspection report

1-2 Lindum Road
Lincoln
Lincolnshire
LN2 1NN

Tel: 01522545099
Website: www.unitedhealth.co.uk

Date of inspection visit:
04 July 2018
09 July 2018

Date of publication:
29 August 2018

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

Lindum Park care home was inspected on 4 and 9 July 2018; this was an unannounced inspection. Lindum Park Care Home is a care home. It provides care to people with learning disabilities and mental health conditions. 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 is registered for up to 17 people. On the day of our inspection 13 people were using the service.

There was a registered manager in post who was available for the second day of the inspection. 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 last inspection the service was rated Good. At this inspection we found the service retained a rating of Good.

People continued to be protected from the risk of abuse and felt safe. Staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. People received their medicines as prescribed and the management of medicines was safe. They continue to be supported by sufficient numbers of staff who had received adequate training for their role.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed. People lived in an environment that had been adapted to support their care. There were times when recording of the use of the principles were not documented to show how people had been supported to make their own decisions about a specific area of care.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner. When required the services of an advocate was available for people.

People received individualised care from staff who had an excellent understanding of their needs. They were supported to take part in a range of social activities of their choice that placed an emphasis on building independence and self-esteem. People were provided with information about their care in a format that they could understand.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any

concerns to the management team and felt they would be taken seriously

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The Service remains safe.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well Led.	Good ●

Lindum Park House Care Home

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 checked 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.

We visited the service on 4 and 9 July 2018; this was an unannounced comprehensive inspection. The inspection team consisted of one inspector and one assistant inspector, who was present on the first day of the inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During our inspection we spoke with five people who used the service, two members of care staff, the deputy manager and the registered manager. We looked at the care plans of two people and any associated daily records such as MAR charts (Medicine administration records). We looked at three staff files as well as a range of other records relating to the running of the service, such as audits and maintenance records.

Is the service safe?

Our findings

People we spoke with felt safe living at the service; one person said, "Yes, I feel settled here." Other people we spoke with echoed this view and another person said, "One of the most important things here is trust, I trust the staff and they trust me." We saw staff had received appropriate safeguarding training and were able to discuss the different types of abuse people may be exposed to and their role in preventing this. We saw from our records the registered manager had kept us and the local safeguarding team informed of any incidences that may affect the safety of people and safe running of the service, and had taken the necessary actions to maintain a safe environment for people.

The risks to people's safety were well managed and there were relevant risk assessments in place to help staff maintain people's safety while supporting their independence. For example one person had a health condition and on occasions self-neglected their care in relation to the health condition. Their risk assessment gave staff clear guidance on how they should support the person, should they neglect their care, while also maintaining the person's clear need for independence in relation to this aspect of care. This showed the provider's commitment to positive assessment of risks for the people in their care.

Staffing levels in place met the needs of people, who told us there were always enough staff around to help them. Staff worked as a team and felt supported. One staff member told us when they joined the service they received an induction and support package to assist them in their role. We viewed staff records and saw the provider had taken steps to ensure people were cared for by fit and proper staff to ensure their safety.

People received their medicines from staff who had received appropriate training. One person we spoke with told us they received their medicines on time and told us the staff ensured they received them if they were going out. Where people used medicines on an as required basis there were protocols for individuals in place to guide staff administer these medicines appropriately. To support these protocols the registered manager had introduced a "calm down box." This was a box that contained items that people had identified as things that helped them reduce any anxieties. Staff were guided to use these strategies prior to considering any as required medicines. This showed staff worked to administer medicines safely and appropriately for people in their care.

Staff we spoke with were aware of their responsibilities in reducing the risks of infection for people in their care through their practices. There were effective cleaning processes in place and we saw staff using personal protective equipment (PPE) appropriately. The registered manager had cleaning schedules in place and undertook regular environmental audits to monitor the cleanliness of the service. When people used the kitchen to prepare drinks and snacks there were hand-washing facilities available for them and staff encouraged people to use them to protect themselves from cross infection.

Is the service effective?

Our findings

The Mental Capacity Act (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. During our inspection we found the provider was not always documenting the use the principles of the Mental Capacity Act.

While the staff at the service worked hard to support people to make their own decisions about their care and support. We saw there was a lack of mental capacity assessments for some people who were either making unwise decisions, had needed support with complex decisions or had fluctuating capacity. Our discussions with the registered manager showed she worked closely with all the people who lived at the service to ensure their human rights were observed. However the documentation did not always reflect this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one at the service was under a DoLS order at the time of our inspection.

People's needs were assessed in line with current legislation and best practice. For example the risk assessments in place followed the guidance laid down by the HSE (Health and Safety Executive) on how risks to people should be managed. The assessments of people's needs were comprehensive and took into account the diverse needs of the different people who lived at the service. For example, one person had short-term memory problems and the assessment of their needs had resulted in information being presented in ways that enhanced their retention of essential information. This included staff making changes to signage around the service to support them.

People received care from skilled and competent staff. People felt staff were competent in their roles. Staff told us they were given training the provider identified as relevant for their work. This included subjects such as, fire safety, moving and handling, health and safety, COSHH, Infection Control, First Aid, equality and diversity. Our observations of staff and the training matrix confirmed what we had been told. One member staff confirmed they had undertaken further nationally recognised qualifications related to their role. Another member of staff told us they were going to undertake training for their role and the registered manager was arranging this for them.

People's individual nutritional needs were supported and they received enough to eat and drink. People told us they enjoyed the food at the service and the staff we spoke with were knowledgeable on how to support people with their different diets and their records contained supporting information on people's dietary needs and choices. Staff told us people had a lot of input in planning meals and sometimes preparing their meals. Where people had specialist diets, such as vegetarian they worked to ensure they had the same level of choice as everyone else at the service.

People had access to health care professionals and staff had sought their advice to support people with their health care needs when required. People told us staff called health professionals in a timely way if they required this. They told us they were happy with the way their health needs were managed. People told us staff were proactive when dealing with any health issues and supported them to attend healthcare appointments should this be required. The registered manager told us they had good working relationships with the health professionals who supported people at the service. The care files we viewed also showed that people were supported by a range of health professionals to ensure their health needs were met.

People lived in an environment that had been adapted to meet their needs. We saw as well as their own rooms people had a number of communal areas both inside and outside of the service to spend time. The environment was well maintained and people were able to decorate and personalise their own living spaces. One person showed us their room and told us staff had supported them to decorate it to their own tastes.

Is the service caring?

Our findings

People we spoke with told us the staff who cared for them were kind and they had formed positive relationships with them and other people who used the service. One person told us they had made friends with other people at the service and got on with all the staff. During our visit we overheard one person telling a staff member that they regarded them as a friend. Another person told us, "If anyone of us wants to talk the staff will stop what they are doing and talk to you."

During our visit we saw staff engaging with people, they did so in a caring and non-patronising manner. They clearly knew how best to approach people and our conversations with staff showed they understood the moods and behaviour patterns of the people they cared for. One member of staff told us the staff team were caring towards people, they said, "Yes, people are respected and staff really care about them."

People were encouraged to make choices about their care and information about their wishes was embedded in their care plans. The people who used the service told us they were involved in creating and updating their care plans. One person said, "Yes I put things I wanted in my care plan." They went on to say, "The care I get is the care I want." We saw evidence of this in the care plans we viewed. For example another person's wishes on how they wanted support with aspects of their care was clearly documented and staff we spoke with explained how they worked to maintain the person's wishes. This showed people's views and opinions on their care were incorporated in their care plans.

People were able to access advocacy services should they require this. An advocate is an independent person who speaks on the behalf of or in support of another person. There was information on the services available for people. The registered manager told us there was no one using the advocacy services at present. However they had supported people in the past and was aware of their responsibilities to ensure people were aware of the advocacy services.

People we spoke with told us that staff spoke to them respectfully and respected their privacy. One person told us, "The staff speak to me the way I want to be spoken to." Staff we spoke with were able to give examples of the different ways they supported people's privacy and dignity. One staff member told us of one person who preferred to stay in their room for the majority of the time. They told us they offered to include the person in the different things going on in the service but respected the person's choices.

Is the service responsive?

Our findings

People received support from staff who used person centred approaches in the delivery of care and support. This meant people received an individualised service based on their needs, routines and preferences. Feedback from people living at the service was positive; they had the freedom to plan their daily routines in the ways they wanted to. The information in people's care plans was clear about people's physical, emotional and social needs and how people wanted these needs to be managed and how staff could support them. For example one person's care plan showed they wanted to access the community but became anxious when going out alone. The registered manager had supported them to buddy up with person from another service who was able to offer support for them. As a result the person enjoyed the social activity of going out shopping or for a drink and had become more confident when accessing the community.

People at the service were encouraged to undertake different social activities of their choice. The staff worked to facilitate the social activities but encouraged people to become more independent in arranging their own activities. One person told us of the Friday cinema club. This was a group that anyone at the service could join. Staff had encouraged the person to form the club to encourage people to spend time together and form friendships. When the club was first started staff supported people with buying the cinema tickets and arranging transport to and from the venue. However as the group became more established they became more independent and had reached the point where each week they managed the whole event themselves. The person took pride in discussing the group and it was clear this was an achievement for the people who took part in the event.

There were further examples of staff encouraging people's social independence. One person who did not access the community on a regular basis had been encouraged to plan and undertake a trip to attend an exhibition relating to one of their hobbies. The person had made all the arrangements themselves and staff supported the person by having regular contact during the trip. One staff member told us they felt it was a boost to the person's confidence and wellbeing.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was meeting this standard. People's communication and sensory needs had been assessed and planned for. Throughout the visit we saw examples of how the registered manager ensured people had information in formats they understood. This included easy reading posters and signage at the service.

People told us they felt able to raise any concerns they had to staff who supported them or the registered manager. One person said, "I would go to my key worker they would sort things out for me." The provider had a formal policy to manage any complaints. Complaints received had been recorded, investigated and complainants had been responded to within the timescales set by the provider's policy.

At the time of this inspection the provider was not supporting people with end of life care at this service, so therefore we have not reported on this.

Is the service well-led?

Our findings

People told us there was an open culture at the service and they had a positive relationship with the registered manager and deputy manager. One person we spoke with said, "I can talk to (Registered Manager) whenever I want to. Staff spoke positively about the registered manager and deputy manager. They felt supported by the management team. The two members of staff we spoke with told us they were always able to contact either the registered manager or deputy manager if they were not on duty as they took it in turns to be on call. One member of staff told us they enjoyed working for the company as the registered manager listened to them. They went on to say, "They (both deputy and registered manager) always try to help sort things out for us." Staff told us they would feel comfortable highlighting concerns to the registered manager or speaking up if they had made a mistake. This supported what people had told us that the service worked in an open supportive way.

The service had a registered manager in place. They were experienced, competent and knowledgeable. 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.

The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and support plans. There were actions highlighted with who was responsible for completing the actions with dates of completion recorded. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service.

Staff we spoke with understood their roles and responsibilities and told us the management team led by example. They felt supported and had regular staff meetings where they felt their views on the running of the service were listened to. Staff told us they received individual supervision from the registered manager. They told us the supervisions were useful and they got feedback on things that were happening in the service as well as their own practices.

People were regularly asked for their views on the quality of the service through regular meetings. People told us the meetings allowed them to talk about the things that were important to them. We saw from the minutes of the meetings that people's views were considered and actions taken about the issues raised, such as menu choices and social activities.

The registered manager told us they used the regular staff meetings, feedback from senior managers and quality audits to improve their practice and ensure sustain good practice at the service. The registered manager told us they were supported to develop and maintain their knowledge of their role through the regular manager's meetings the provider held. They also undertook accredited training in specific areas of care required to give the most up to date support for people in their care.

During our inspection our review of people's records showed how the registered manager worked in partnership with other agencies who supported people in their care. This included people's social workers or community health teams. This ensured people were provided with the best ongoing care required from the multidisciplinary teams to meet their needs.