

Serenity Inmind Limited

Linford 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

Linford House provides accommodation and personal care for up to two adults with needs relating to learning disabilities or autistic spectrum disorder. On the day of our inspection visit there was one person using the service.

For reasons of confidentiality we have mainly referred to 'people using the service' in our report. This is because we have also looked at the service's general approach to providing care and support, and the support provided to previous people using the service.

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

Staff knew how to keep people safe and worked closely with other agencies ensure people had the support they needed. Health and social care professionals said the service went 'above and beyond' to keep people safe.

The service was well-staffed with a permanent team of support workers who knew people well and provided continuity of care. They were knowledgeable about people's personal histories, backgrounds, and cultural needs. They communicated well with people using a range of methods including social stories, pictures, and signs, to enable people to make informed decisions about their own care and support.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service demonstrated they met the principles of Right support, right care, right culture. People lived in personalised surroundings and were supported to determine their own lifestyles. Staff provided person-centred care in line with people's wishes. The focus of the service was on ensuring people enjoyed a good quality of life.

The provider, care manager, and staff shared the service's culture of providing high-quality individual care to people in the way they wanted it. The provider and care manager listened to people and acted on their ideas and suggestions.

The service was well-organised and governed. The provider and care manager carried out regular audits to review the quality of the service and made changes and improvements as necessary. They closely supported

people and the staff team and were constantly available to them, providing reassurance and guidance.

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

Why we inspected

The service was registered with us on 17 May 2019 and this was its first inspection for the 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 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.

Linford 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Linford 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

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke to the provider (who is also the registered manager) and the care manager. We reviewed a range of records. This included the person's care records and a variety of records relating to the management of the service including audits, policies and procedures, and infection control documentation.

After the inspection

We spoke with two support workers, and two health and social care professionals who work with the staff to support people using the service. We continued to seek clarification from the provider to validate evidence found.

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 for 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

- Staff understood the importance of people feeling safe at the service. The provider said, "People need to feel safe and to be listened to." The service had systems and processes in place to ensure this was the case.
- Staff worked closely with health and social care professionals to support people to stay safe. A health and social care professional said, "They have done all they can to keep [person] safe."
- Staff were trained to identify abuse and knew how to report it to managers and/or the local authority. They worked closely with the local authority and health care professionals to keep people safe.
- There was easy-read safeguarding information at the service to help ensure people knew what to do if they felt unsafe. People were encouraged to discuss what made them feel safe so staff could support them to achieve this.

Assessing risk, safety monitoring and management

- Managers identified risks to people's safety and care records included guidance for staff about how to support them in a safe way. All staff signed to say they had read and understood risk assessments. A support worker said, "Written risk assessments are invaluable. We read them and then refer to them when we need to refresh our memories."
- Risk assessments were used positively to enable people to take part in the activities they wanted. For example, they included 'strategies to be used when [person] is anxious' to ensure knew how to provide the right support when it was needed.
- People were involved in the risk assessment process and their views continually sought, as were the views of other health and social care professionals involved in the support of the person.

Staffing levels

- The service was well-staffed with a permanent, established staff team who knew the person using the service well. The provider and care manager covered shifts as necessary and were on call 24/7 providing support and advice to the staff team. The service did not use agency staff as the person needed consistent care and support from staff members they knew.
- Staffing levels were flexible depending on the people's fluctuating needs and increased as necessary if the people needed extra support. In determining staffing levels, the provider and care manager worked closely with other health and social care professionals and sought their views.
- Staff recruitment checks were carried out by the provider's human resources department. The service followed a safe recruitment procedure to ensure new staff were safe and suitable to work with people who use care services.
- People had the opportunity to meet potential new staff and their views on applicants were considered

when recruitment decisions were made.

Using medicines safely

- Medicines were safely stored and managed at the service and medicines records were in good order. Staff were trained in the safe administration of medicines and had their competency assessed by the care manager.
- Staff administered medicines in twos to reduce the risk of errors occurring. If, for any reason, there was only one staff member on duty they sought authorisation from the provider or care manager before administering 'as required' medicines.
- Medicines care plans were personalised and included people's views on how they wanted their medicines administered. Procedures were in place in the event of a person not wishing to take their medicines.

Preventing and controlling infection

- The provider had good systems in place to protect people, staff and visitors from the risk of infection. Staff were trained in infection control used personal protective equipment (PPE) correctly and safely.
- The provider created a well-ventilated conservatory area with seating to enable safer visiting.
- Staff used easy-read social stories, pictures and signs to support people to understand COVID-19 and reduce any anxieties they might have.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider and care manager analysed accidents and incidents and shared learning from these with the staff team to help ensure people were safe at the service.

Is the service effective?

Our findings

Effective – this means 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 for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good.

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

- People's needs were assessed prior to them using the service to help ensure it was suitable for them and staff could meet their needs. Assessments covered people's cultural needs to ensure these were identified and met.
- Assessments were carried out in conjunction with the person themselves, their family where appropriate, and health and social care professionals involved in the person's care and support.
- People's oral health care needs were assessed, and staff encouraged them to visit a dentist and care for their teeth with staff support where necessary.

Staff skills, knowledge and experience

- Staff were trained to support people according to their needs, preferences and choices. In addition to their general training they completed specialist learning disability, mental health, and other courses. These included training in autism, personality disorders, and diabetes.
- Staff said their training gave them the skills and knowledge they needed to meet people's specific needs. A staff member told us, "I complete all my training every year. I am impressed with the training opportunities we have."
- Training was ongoing to help ensure people's changing needs were met. Managers used team meetings to mentor staff, get their views on how best to work with people, and share best practice.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to have a wholesome diet. People chose their menus at weekly meetings.
- People's 'eating and drinking' care plans were geared towards encouraging them to participate in shopping and meal preparation.
- Where necessary, the service involved healthcare specialists including speech and language therapists and dieticians, to support people to make positive choices about their diet.

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

- The premises were designed and decorated to meet people's needs and promote their independence. People had their own rooms which were personalised according to their wishes.
- The person was involved in creating a new conservatory to give them an extra space to use during the COVID-19 pandemic. Seating, plants, and other decorations were used to enhance this area.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Staff supported people to access healthcare services when they needed to. The person had a detailed 'emergency grab sheet' to be shared with healthcare professionals if they needed urgent care.
- Staff worked hard to ensure people's healthcare needs were met. They worked closely with healthcare professionals and advocated for people to receive the treatment they needed.

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.

- Staff knew how to support people to make decisions about all aspects of their lives. They were trained in the MCA and DoLS and respected the decisions people made about their care and lives.
- If people needed restrictions on their liberty, to ensure their safety, the provider applied to the local authority for appropriate authorisation under DoLS.
- Staff advocated for people and took steps to ensure their mental capacity assessments were up to date and appropriate.

Is the service caring?

Our findings

Caring – this means 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

- Staff knew and respected the people they supported and were knowledgeable about their personal histories, backgrounds, and cultural needs. This ensured staff supported people according to their preferences.
- Staff spoke warmly about the person they supported and understood their potential. The managers had built a rapport with the person and the person could call them at any time for additional support.
- A support worker said, "Linford House gives people stability and keeps them safe. They can then enjoy their lives knowing the staff are there to support them if anything goes wrong."

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

- Staff were trained to listen to people, provide information, and involve people in decisions. Daily records showed this approach was used consistently to ensure people had a say in their care and support.
- The person had two key workers they had chosen themselves. The managers said key workers were usually chosen on the basis that they had a good rapport with the person and worked effectively with them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the people's lifestyle choices and were non-judgemental and caring. If a person needed urgent support, they provided it to ensure the person was safe.
- Staff provided personal care in line with people's wishes. They sought consent before entering the person's room and respected their personal space and belongings.
- Records showed the person's personal care needs were met in the way they wanted

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 good. 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 care plans incorporated their choices and decisions and were written in conjunction with them.
- Care plans were flexible due to the people's changing needs. A support worker said, "What works on one day won't work on another and care plans reflect this and give us different ways of supporting people depending on how they are feeling."

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 had a good-quality communication care plan which set out how staff could best support them, considering their needs and wishes.
- The provider had the resources to share information and communicate with people in a variety of formats including easy-read, pictorial, British Sign Language, Makaton and keyboard communication devices.

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 supported to maintain relationships that were important to them and to take part in activities they chose and enjoyed.
- Due to COVID-19 restrictions the person's usual community activities were limited. To compensate, the premises were re-configured to give the person more space, and in-house and online activities increased in line with the person's wishes.

Improving care quality in response to complaints or concerns

- The provider's procedure for receiving and responding to complaints about the service was displayed at the service and available in an easy-read version.
- People were encouraged to raise concerns at any time so they could be promptly resolved. The person had contact details for the provider and care manager so they could speak with them directly if they wanted to.

End of life care and support

- At the time of our inspection no-one in the service who required this type of support. However, should this be needed in future, the provider had appropriate policies and procedures to ensure people received the

care and support they needed at the end of their lives.

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 culture of the service was one of providing high-quality person-centred care that has a positive impact on people's well-being and the quality of their lives.
- Managers and staff shared this culture. A support worker said, "The best thing about Linford House is we all work as a team to support the person and each other."
- Records showed managers and staff followed the principles of person-centred care. People were involved in all aspects of their care and support and their views continually sought.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and care manager carried out weekly, monthly, and annual audits to check the service was running effectively in all areas. The provider carried out additional spot checks to ensure the standard of care was consistent.
- Staff discussed the provider's policies and procedures at monthly online meetings. The provider shared the results of audits and discussed them with staff to look at ways to improve the service. A support worker said, "We are listened to and [the provider and care manager] take our views on board."
- The service was well-organised with policies, procedures, care records and other documentation well-kept, up to date, and secure.

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 provider understood their responsibilities under the duty of candour. They were open and honest when incidents occurred and liaised with the local authority, CQC and other relevant agencies.

Engaging and involving people using the service, the public and staff

- The person was involved in every stage of the admission process and when care plans and risk assessments were written and their input recorded, respected and taken into account.
- People were encouraged to speak with the managers and staff when they wanted to and to provide informal feedback on the service.
- People had the opportunity to provide feedback via the provider's monthly service user satisfaction survey. This used easy-read pictorial forms to make it easier for people to take part.
- Staff were well-supported by the managers and had regular supervisions and meetings. A support worker

said, "The managers are very supportive, and we are never left on our own to cope with problems."

Continuous learning and improving care

- Managers and staff worked to improve the service through a process of audit and analysis. They assessed the quality and safety of the service and made improvements and changes where necessary. At the centre of this process were the views of the person using the service and how it could be improved from their point of view.
- Managers used local and national resources to keep up to date with good practice in learning disabilities and autism care and support. The care manager was training in PBS (Positive Behaviour Support) with a view to becoming the provider's PBS lead.

Working in partnership with others

- Managers and staff worked in partnership with other health and social care services to ensure people received the care and support they were entitled to.
- Managers and staff attended MDT (multidisciplinary team meetings) to ensure all those involved in the person's care and support had a good overview of the person's needs and wishes.