

Genesis Homes (Essex) Limited

Lindale Residential Care Home

Inspection report

81-85 Wharfdale Road
Tyseley
Birmingham
West Midlands
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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

Lindale is a residential care home providing personal care to people who have learning and/or physical disabilities. The service can support up to nine people. The home is set out over two floors with two shared lounges, a kitchen and a dining room on the ground floor. People's bedrooms and bathrooms are on both floors. Nine people were living at the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives told us how happy they were with the support people received. Typical comments from relatives included, "[Person's name] never wants to come back with us which is a good sign."

There were enough staff to meet people's needs and checks had been carried out to make sure staff were suitable to work in the home. People received their medication at the right time and staff knew how to keep people safe.

Staff received sufficient training to enable them to deliver effective care which met people's needs. People's health was monitored and people had access to food which they enjoyed.

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 treated people with kindness and respect and allowed people to maintain and develop their independence. People were supported to maintain links with families and friends who were important to them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well led and the registered manager had clear expectations about delivering good quality care. The service had developed a number of partnerships with other agencies which enabled people to enjoy being part of the local community.

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 03 September 2016)

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.

Lindale Residential Care Home

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

The inspection was carried out by one inspector.

Service and service type

Lindale is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

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 what improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

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During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, one senior carer and one care worker.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 and their relatives we spoke with told us they felt the home was safe to live in. One relative told us, "I feel like [person's name] is safe here. I have no issues or concerns".
- Staff we spoke with understood what to look out for if someone was at risk from abuse and who they should report concerns to. Staff also felt confident that managers would take action if there were any concerns.

Assessing risk, safety monitoring and management

- Staff helped people to stay safe; for example, we saw staff helping people to move around the home with assistance and reminding people to use their walking aids.
- People had been involved in planning how they were going to keep themselves safe; for example one person told us, "I don't like to go out on my own. I like it when staff come with me".
- Risks had been assessed and staff knew what steps to take to ensure people stayed as safe as possible. For example, we saw that one person had been assessed as being at risk of choking when eating and staff knew that they should only eat soft food.

Staffing and recruitment

- We saw that people did not have to wait for support and relatives told us they felt there were enough staff on duty to meet people's needs when they visited. One relative said, "There always seems to be enough staff around; three on shift is about right."
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- People received the right medication at the right time and staff had been trained to give medication safely. Staff had arranged for some people to be prescribed their medicines as liquids as they found these easier to swallow.
- Medicines were stored safely and checks were carried out daily to ensure doses were not missed.

Preventing and controlling infection

- Staff had access to gloves, aprons and cleaning materials which they used to reduce the risk of infection.
- The home was clean and we saw that rotas were in place to ensure cleaning took place regularly.

Learning lessons when things go wrong

- The registered manager kept records of incidents and accidents and looked for any lessons that could be learnt. For example, falls were analysed and change to made to care plans where required.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed, taking into account their culture, religion, age, gender, sexual orientation, ethnicity and disability.
- For example, people's gender preferences for staff were known and respected and staff ensured people could attend places of worship when they wished to do so.

Staff support: induction, training, skills and experience

- Staff were happy with the training that was provided and felt confident they had the skills to meet people's needs. Records showed that staff received regular training to ensure they were up to date with good practice.
- New staff completed an induction programme and the Care Certificate when required. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. One member of staff told us, "When I first started, I had the chance to just observe and then I took more on when I felt more confident."

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

- People we spoke with told us they enjoyed the food at the home and that they could make decisions about meals each week. We saw people making individual choices during lunchtime and drinks were offered on a regular basis.
- Records showed that people's weight was monitored to ensure they were staying healthy. One relative said, "The staff look after [person's name] well and promote healthy eating."

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

- People told us they were happy with their rooms and we saw they had personalised their rooms with pictures and possessions that were important to them.
- People had the choice of spending time in communal areas or their rooms. There were two separate lounges, a dining room and a small garden for people to use.
- A lift had been installed so that people could go upstairs without the need for staff support and there were signs to help people find their way around the home.

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

- Relatives told us they had no concerns about people's health and well-being. One relative told us,

"[Person's name] has a catheter and I know the staff keep a really close eye on things."

- Staff responded to people's health needs and took prompt action where required. For example, we saw that one person's care records refer to the importance of raising their legs due to swollen feet and we saw staff ensure this happened.
- Staff told us they helped people to attend medical appointments when they needed to.

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.

- We found a number of examples where MCA assessments and DoLS applications had been completed and authorisation sought. Where people did not have capacity to make decisions, they were supported to have as much choice and control as possible. For example, one person said, "I ask the staff to keep my money safe for me but I choose what I want to spend it on."
- We saw that people had regular contact with relatives or advocates that were nominated as their representatives, to ensure they were happy living in the home.
- Staff were able to tell us about the importance of respecting people's capacity to make choices and checking people were happy before providing support.

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 their relatives confirmed that they were treated with kindness and spoke positively about the staff's caring approach. One person said, "All the staff are kind" and one relative told us, "I love to watch [person's name] interact with the staff – it's just great to see."
- People were supported to have relationships with other people living in the home or with people they had met in the local community.
- Staff spent time talking to people and engaging them in activities rather than completing tasks. Staff told us how much they enjoyed working in the home. One member of staff told us Lindale House was like a "second home" and another said, "I really enjoy working here; the people are so happy living here."

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

- We observed staff involving people in discussions about a range of choices relating to the running of the home; for example, people were making choices about summer holiday destinations and what activities they wanted to do.
- Staff were able to identify how people were supported to make choices if they could not talk. For example, one member of staff said, "[Person's name] can't talk so we show them the options and they will nod to make a choice."

Respecting and promoting people's privacy, dignity and independence

- People showed us that they had keys for their rooms so that they could enjoy time on their own if they wanted to.
- People told us they had regular visits from family and friends who were important to them. One relative told us, "I come once a fortnight to see [person's name] and they absolutely love it here."
- People's independence was promoted. For example, we saw people being prompted by staff who then stepped back and let people complete tasks on their own.

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 were supported by staff who understood their needs, likes and dislikes. The majority of the staff team had worked in the home for some time and knew people well. One relative said, "I know most of the staff by name and see the same faces."
- Staff were able to give responsive and personalised support; one member of staff said, "We don't get a lot of difficult behaviour here because we know people so well and know what will calm people down when they are upset." We saw this member of staff de-escalate a potential incident during the inspection by distracting one person with an alternative activity.

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.

- The service ensured that important information was given to be in accessible formats. For example, we saw one person who had a weekly planner set out with symbols so that they knew what was happening each day.

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 had individual activity plans which enabled them to access the local community and develop relationships with others. For example, one person worked full time at a local farm and other people were attending a local college on the day of the inspection.
- Relatives praised the opportunities that were on offer to people and one member of staff confirmed, "People seem to have enough to do – there's lots of opportunities to go to college or day centres as well as trips."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was also written in an easy read format so that people knew how to complain. There had been no complaints in the last 12 months.
- Relatives told us they were given plenty of opportunity to share any concerns they had but that they have had no cause to make any recent complaints. One relative said, "We have regular meetings with the manager and I can ask anyone anything."

End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection.
- However, care files contained details of people's wishes in terms of future care and support for end of life care. This included how people's religious and spiritual wishes would be met.

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

- People, their relatives and staff told us they felt listened to and liked the way the service was managed. One person told us, "I love the staff and the manager – they make us laugh."
- We saw that the registered manager was visible and spent time talking to people and staff. One member of staff told us, "[Registered manager's name] is very professional and is a good listener."
- The registered manager had created a culture of providing good quality support and had high expectations of the staff team. One member of staff told us, "The manager is very caring but they expect us to work hard to keep people happy."

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 was aware of their responsibilities under the duty of candour and relatives felt well informed of any concerns or issues that had arisen.

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

- There were systems in place to monitor the quality of the service and the support people were receiving. For example, senior staff and the registered manager completed checks on medication, fire safety equipment, care plans and kitchen checks.
- The registered manager understood their responsibilities to notify us of certain events such as abuse and serious incidents and we found that these notifications had been received.

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

- A residents' meeting was held every weekend so that people had the chance to express their views and contribute to decisions about the home.
- The service had made key links with local employers, day centres and education providers so that people could feel part of the local community. Arrangements were in place with transport providers to make sure people could access activities they wanted to do.
- Relatives felt involved in decision making; one relative told us, "We find the communication pretty good and [registered manager's name] always invites comments and listens."

Working in partnership with others; continuous learning and improving care

- The registered manager told us the service had good relationships with other partners which benefitted people and staff. For example, we saw that students from a local college were offered placements working in the home and some had stayed on to become permanent staff.
- The service had also involved the local mental health team to provide some guidance on developing one person's activity plans.
- The registered manager told us that the provider visited the service on a regular basis and was supportive of any improvements that were required. For example, recent improvements had been made to flooring and plans were in place to install a new kitchen.