

# Lincolnshire House Association

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### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Lincolnshire House is a registered charity based in Scunthorpe, North Lincolnshire, providing accommodation and personal care for up to 37 adults with physical disabilities and related conditions. The service also provides day and respite care services. Accommodation is provided in nine purpose built fully equipped bungalows, with adapted kitchens, dining rooms, lounges and bathrooms. Adaptations include overhead tracking, portable hoists, adapted bathing and showering facilities, adapted bathroom lighting, automatic key coded entrance doors and wide door access. Day services are provided in an independent fully adapted day service facility, based in the grounds of the service.

The philosophy of the service is to empower people with disabilities and this is achieved by personalised programmes of care and flexible staffing to enable people to be as independent as possible in all aspects of their lives.

This inspection took place on three days 5, 6 and 7 April 2017 and was unannounced on the first day. At the last inspection in January 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service was safe. People told us they trusted the staff and felt very much included in decisions about their care and support. Assessments were carried out to ensure people were protected from potential harm and staff took steps to minimise risks without taking away people's right to make decisions. Sufficient numbers of staff were available to meet people's needs and we observed they worked together well as a team to enable people's independence to be promoted. People's environment and equipment was well maintained, clean and safe and free from unpleasant smells. Staff were recruited safely and regular checks were carried out to ensure they did not pose a risk to people. Staff had received training to ensure they knew how to recognise and report potential abuse. Systems and policies were in place to ensure potential risks were managed and ensure people received their medicines in a safe way.

The service was effective. Staff were provided with a range of training, development opportunities and support to enable them to meet people's needs. People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. The nutritional and dietary needs of people were assessed and they were supported to plan and prepare meals, which they said they enjoyed. People's medical needs were monitored with support and guidance from a range of health care professionals whose recommendations were followed.

The service was caring. People were involved and included in decisions about the way their support was provided and their friends and relatives were welcomed by the service. People were treated with dignity and respect and staff provided their support in a kind and considerate manner. People were consulted about decisions affecting their lives and their opinions and views were valued to enable the service to learn and

develop.

The service continued to be highly responsive to people's wishes and preferences and provided their support in an individualised way that was personalised to meeting their needs. People's views and opinions were highly valued by the service which involved them in an open and inclusive way. People participated and were involved in making decisions about their lives and their support reflected their wishes and choices and was reviewed and updated on a regular basis. People were provided with an extensive range of activities to participate in, both in house and in the local community. People who used the service spoke positively about the support they received and confirmed their comments and concerns were responded to appropriately and systems were in place to enable their feedback to be sought.

The service was well-led. The service had an open and inclusive ethos and people, their relatives and staff were positive about the way it was managed. Systems were in place to ensure the quality service delivered to people was assessed and monitored to ensure it could continually improve.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service remains Outstanding.

### Is the service well-led?

Good ●

The service remains Good.

# Lincolnshire House Association

## **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 registered 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.

This comprehensive inspection was carried out by an adult social care inspector and took place over three days 5, 6 and 7 April 2017. The inspection visit on the first day was unannounced. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection there were 36 people using the service.

Before the inspection we checked the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We also looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

As part of our pre inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England. Healthwatch and the local authority safeguarding and performance teams told us they were not aware of any current concerns about the service.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who cannot speak with us.

We spoke with seven people who used the service, seven visiting relatives, three members of care staff, two senior care staff, a member of ancillary staff, the catering manager, the registered manager and the nominated individual. Following our inspection, we also spoke with a social care professional in the community.

We looked at three care files belonging to people who used the service, five staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the premises, including bedrooms (after being invited in by people).

# Is the service safe?

## Our findings

People who used the service were protected from risk of abuse and avoidable harm. They told us they felt safe and were comfortable in the home. People said they were happy with the staff and trusted their skills. One person said, "I absolutely trust the staff, they are like friends." Another person commented, "All of the staff are really good. I was poorly the other night and pulled the bell and staff came to check I was alright."

Relatives were confident people who used the service were protected from harm. One relative told us, "They have made sure [Person's name] is safe whilst helping him make decisions to make sure his best interests are safeguarded." Another relative told us, "[Name of person] comes here for respite at weekends. He always asks when he's coming back, so I have confidence he likes it and is safe."

A positive approach was adopted to ensure people were supported to take risks safely and where possible, encouraged to make choices and decisions concerning their lives. The service worked proactively with the local authority to promote people's independence. The registered manager told us they were developing this further and using documentation they had obtained about making safeguarding personal. Incidents and accidents were monitored to enable the service to identify issues and take action to minimise them from reoccurring again. Regular checks were completed to ensure the environment and equipment was well maintained and clean. Weekly fire procedures were followed to ensure the service could respond in emergencies when needed.

Sufficient staff were available to meet people's needs. Staff worked closely with people and were available to respond to their needs and requests in a timely manner. Staff told us they enjoyed their work and we observed they worked well as a team and interacted with people who used the service in a caring and friendly manner. The registered manager monitored people's needs and staffing levels were assessed accordingly on an on-going basis.

Staff had a positive understanding of their responsibilities to ensure people who used the service were protected from harm. Staff were confident the registered manager would take action to follow up safeguarding issues when this was required. Annual safeguarding training was provided to ensure staff knew how to recognise and report issues of potential abuse.

Safer recruitment practices were carried out with relevant checks completed before new employees were allowed to work unsupervised. We saw this included following up pre-employment references before offers of employment were made, together with official checks by the Disclosure and Barring Service (DBS). This helped to minimise the risk of unsuitable people working with people who used the service.

There were systems in place for the safe management of people's medicines. People's medicines were securely maintained and staff completed relevant training and had their skills in administering these checked to ensure they were competent in following medicines procedures safely. Medication administration records (MARs) seen had been accurately completed and people's medicines were audited

on a regular basis.



# Is the service effective?

## Our findings

People who used the service were positive about their care and support they received and felt their quality of life was taken seriously and promoted by the service and staff. People told us that staff helped them develop new skills. One person said, "We do relaxation exercises every Tuesday which helps us to chill and they arranged for a physiotherapist to see me when I needed a new walker." Speaking about some exercises they were encouraged to undertake one person commented, "It helps improve my coordination and movement, I feel so much healthier and fitter now than I did before."

Speaking about staff skills, a relative commented, "Staff are professional and seem to be very well trained. I've seen them use the hoist and they're always very careful and absolutely safe."

People were supported to ensure their health and wellbeing was positively promoted. The service maintained close links with community healthcare professionals, such as occupational and physiotherapists and the district nursing service. People's care records contained evidence of consultation with medical professionals when required together with evidence of close monitoring of people's health conditions. Visits from health professionals were promptly arranged. Professional staff in the community confirmed the service involved them when it was required. A Social Worker told us, "I am kept informed when needed and professional treatment plans are followed and staff are good at liaising with us about issues when it's required."

We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be renewed.

People received effective support from staff who were well trained and kept their skills up to date. Staff told us and their training records showed a variety of opportunities were provided to enable them to develop their skills and receive professional supervision and appraisals to ensure they could develop their careers. We found this included training on people's specialist needs and participation on nationally recognised courses.

The service had an induction process for new staff to follow. Two new recruits were currently in the process of completing this to ensure they understood their roles and responsibilities. The registered manager confirmed the induction programme met the requirements of the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The registered manager also told us they were looking into signing up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services.

People who used the service told us they enjoyed their meals and participated in regular meetings to help plan their meals and ensure their nutritional needs were appropriately supported. One person told us, " We have weekly meetings when we discuss what we are going to eat and we always have choices about what we want." We found the catering manager who worked in an associated on-site day care provision visited each bungalow where people lived to ensure there were sufficient stocks of food available and provide advice and support.

There was evidence the registered provider was continually assessing the needs of people who used the service to ensure the environment and equipment supported their needs. We found the buildings were purpose built and adapted for wheelchair users and that security lighting was available throughout the grounds of the service.

# Is the service caring?

## Our findings

People told us that care staff promoted their individual needs and personal wellbeing in a respectful manner and were kind and friendly. One person told us, "We have very good staff and have our own privacy which is respected." They went on to say, "If I want any help and assistance, I ring the bell and they quickly come. The staff are friendly and don't rush with our personal care." Another person told us, "I enjoy living here and I wouldn't live anywhere else."

Speaking about the caring approach of the staff one relative told us, "I love the place; [Name] has been living here for a long time. The staff have all cared for us as a family unit and we have made friends. Staff willingly do extra work when they have finished their work and freely come in at weekends as well. Staff include us like we are one of their families; I have the utmost respect for the them."

We found staff demonstrated a positive regard for what was important and mattered to people. People told us they were very happy with the care and support they received. They told us they were involved in the development and creation of their plans of support and were aware of its content. People told us they were encouraged to be as independent as possible and participate in a range of activities to help develop their skills. We found specialist equipment and adaptations were provided such as overhead tracking systems, automatic opening doors, electronic key fob systems, electronic communication systems and low level work stations and adapted computers to enable people to be as autonomous as they wished. We saw people's bedrooms were all for single occupancy use with en-suite facilities and fully equipped to meet people's physical needs and promote their independence. People we spoke with told us they had been fully involved in the choice of personalisation and decoration of their rooms.

We found people's care records contained information about their preferences and wishes to help staff support their personal aspirations. People told us staff respected their wishes and spoke to and involved them about decisions and choices with regard to their support in a respectful and meaningful manner. People's care records contained evidence that they and their relatives had been involved in assessments and six monthly reviews of their support to ensure it continued to meet their needs. People told us about keyworker relationships they had with individual staff which helped them to build relationships and get to know their needs, and liaise with relatives.

Throughout the inspection we observed a calm and comfortable atmosphere throughout the service. We observed interactions between staff and people. Staff were friendly, positive in their approach and spoke with people in a patient and unhurried manner. We found staff promoted people's dignity and privacy, knocking on their doors and waiting for approval before entering. People who used the service told us staff sought their consent when providing personal care and ensured doors were closed to enable their privacy to be promoted. There was evidence staff had developed strong relationships with people and knew them very well.

Information was available about the use of advocacy services to help people have access to independent

sources of advice when required. Personal details about people were securely maintained and we observed care staff respected people's confidentiality and did not disclose information to people that did not need to know.

## Is the service responsive?

### Our findings

People who used the service confirmed staff involved them in decisions about their support to ensure it was personalised to meeting their individual needs. They told us about meetings they had to ensure staff could listen and act on their ideas and suggestions. Commenting on the person centred approach delivered by staff, a member of social services told us, "People are supported and encouraged to be independent and are always involved in doing lots of activities which interest them." One person who used the service told us how they were supported to maintain their hobbies and encouraged to follow their interests. They told us about a Karate club they attended and commented, "I'm doing a yellow belt now, it gives me an incentive to go out and join in the wider community. It has opened up a whole world of different things." Another person said, "I have a lot going on, I do a voluntary job twice a week and go regularly to church as it's important to me." People told us about holidays and outings where they were supported by members of staff. One person commented, "We have lots of activities not only on site, but out in the community, I went out to take part in a game of wheelchair football earlier this morning." They went on to show us an article they were writing about this for the regular newsletter, to keep people informed of events and developments that were coming up.

A range of assessments and care plans were available about people's individual needs, to help care staff support their wishes and aspirations. We saw people's care plans were personalised to reflect their individual goals, strengths and needs which were reviewed and updated by people's keyworkers on a monthly basis. People who used the service and their relatives confirmed they were involved in this process.

Throughout our inspection we observed a relaxed and inclusive atmosphere throughout the service. We observed people involved in the extensive range of activities and equipment facilities that were provided on site. We saw this included use of specialist 'Rebound' trampolining (aimed to promote people's movement and help them relax,) Interactive multi-sensory sessions for people with the limited mobility and movement were provided to stimulate images using colours and music by repositioning their bodies or vocalisation, Eastern therapies such as Reiki were also available, together with more traditional activities such as cookery and drama groups, flower arranging, health and beauty sessions, hairdressing, gardening and music therapy. We saw that the planned activities available were displayed at so people could see and choose what they wanted to do.

Speaking about a member of their family, a relative told us "All of [Name of person's] interests are met, I was at the Easter fair last week and the thing I noticed most was the amount of laughter." Whilst a person who used the service commented, "We are real community in a community."

There was evidence the service continued to place a high degree of importance on involving people and helping them to make decisions about their lives. The registered manager told us the service had grown and developed over time. An executive council and resident's committee had been instigated with involvement from people who used the service in order to help empower and give them greater control over decision making issues such as the recruitment of staff and forthcoming fundraising issues. We were told people who

used the service were consulted and contributed to staff training issues with one person advising on disability awareness for staff. One person told us, "We have monthly meetings with senior management to discuss any problems and new developments. I am on the executive committee with two others, where we discuss fundraising issues like the Easter fair, the Strawberry tea and summer walks that are coming up." They went on to tell us, "We have bungalow meetings every week where we discuss things about what we're going to do and what we are going to eat."

A complaints policy was available to ensure people's concerns could be listened to and addressed. People all told us they knew how to make a complaint and were confident these would be followed up when required in line with the registered provider's policy. One person told us, "I know where to go and how to make a complaint and I know I will be listened to and things will be put right."

# Is the service well-led?

## Our findings

People who used the service and their visiting relatives told us they had confidence in the service and felt it was well-led. One person said, I trust [Registered manager's name] and know if I had any concerns they would sort it out." A relative told us, "I have the utmost confidence in the place, management are fine, I have no doubts about that." Whilst another commented, "I know the management team take things seriously and issues are sorted out quickly. They always keep me informed, it is nice to be able to speak to someone and know they will sort it out."

Social services staff we spoke with was positive about the service. One told us, "All three people I have on my case load love living at Lincolnshire house. I have made unannounced visits and they are always involved in doing things." They went on to tell us, "I have confidence in management and [Registered manager's name] always knows what's going on and makes themselves available for me when I visit."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager had a range of knowledge and experience to effectively manage the home and took their role seriously. The registered manager had notified the CQC about incidents and notifiable events that occurred during the delivery of the service to enable us to take action when this was required. We found the registered manager took part in local improvement initiatives and attended meetings, to help keep them up to date with good practice issues and obtain information about developments in the care sector. There was evidence the service worked well and co-operated with the local authority performance and commissioning team and welcomed their involvement to help the service continually improve.

Procedures and systems were in place to enable the quality of the service to be monitored and assessed. We found the registered manager regularly completed checks in areas such as care plans, fire safety, medication, cleanliness, décor and staff supervision. These were detailed and action was taken to remedy shortfalls that were identified. Accidents and incidents were monitored and recorded to help potential themes to be identified and help them to be minimised in the future. The registered manager confirmed all accidents, incidents and safeguarding referrals were analysed by the registered provider and reviewed to identify any patterns or trends that could be learned from.

The service had an open and positive ethos and welcomed the involvement of staff and people who used the service. Commenting on this a member of staff told us, "It's a good organisation to work for. I have confidence in management and they are always very approachable. If ever there are any problems they sort it out straight away."

Regular meetings were held with both staff and people who used the service to enable them to participate

and provide feedback on developments in the service. Staff told us that management was supportive and provided them with feedback in a constructive way. Staff told us they were encouraged to question their values and behaviours and helped to develop their skills. Staff told us, "Management are highly committed and are open and approachable, we always get feedback in our supervision and appraisals in a positive way."

There was evidence staff were valued by the organisation. They told us they enjoyed their work and we observed they were confident in their roles. One member of staff told us, "I enjoy working as a member of a team and listening and involving people in decisions about their lives." Whilst a senior member of staff commented, "I look forward to coming to work and enjoy taking responsibility for things. I feel valued and well supported and they are always trying to arrange and ask me about my training needs. It is a happy place."