

# Lincolnshire House Association

## Lincolnshire House Association

### 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

### About the service

Lincolnshire House is a residential care home providing personal care to 34 people with physical disabilities and related conditions at the time of the inspection. The service can support up to 37 people, which includes three respite placements in purpose built fully equipped shared bungalows.

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

The service continued to be outstandingly responsive and celebrated people's achievements in a way that helped people to grow in confidence. Staff successfully promoted people's independence and as a result, some people had become much more independent and had much richer lives.

The provider had continued to ensure people received care and support that was exceptionally personalised, very well planned and particularly responsive to their needs. People's individual support plans were very person centred and well designed to meet people's needs. Staff sought opportunities for people to have different experiences and to do things in the community. People had their own interests and hobbies and took part in many activities. We saw instances where employment opportunities had given people a sense of self-worth and confidence. People were supported to maintain their family relationships and friendships and make new friends.

People were kept safe from the risks of harm and abuse. Staff knew how to recognise and respond to concerns of abuse and people had risks assessments in place to guide staff to mitigate risk. Robust recruitment processes were in place which enabled the provider to make safe recruitment decisions. Where people required assistance with their medicines, this was well managed. Accidents and incidents were used to reflect on practice and lessons learned were shared with the staff team. Personal evacuation plans were not in place to support people to leave the building safely in case of emergency.

We have made a recommendation about the introduction of personal evacuation plans.

Staff received supervision and training which enabled them to deliver effective care. People's needs were assessed before their care package commenced to identify and agree the care they required. People were supported by staff to eat and drink where required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The environment promoted people's wellbeing and maintained their independence.

People and their families spoke positively about the care provided and the friendly nature of the staff team. Staff knew people well, they spent time having meaningful conversations to find out about their past and what was important to them. Staff understood people's communication abilities which enabled them to be involved in decisions about their day to day lives. Staff understood the importance of respecting people, ensuring dignity and finding ways to enable independence. People knew how to make a complaint and felt

assured complaints and issues raised would be responded to accordingly.

People, their families and the staff team spoke positively about the management of the home, describing the management team as visible, supportive and caring. Staff understood their roles and responsibilities, felt involved and able to share ideas. Quality assurance processes were comprehensive and included the voice of people, families and staff and drove continuous improvement.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

# Lincolnshire House Association

## **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

Lincolnshire House 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 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 of this information to plan our inspection.

#### During the inspection

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

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five 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.

#### After the inspection

We spoke with two professionals who regularly visit the service.

# 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 were protected from harm. The provider had effective systems in place and incidents were managed well
- Staff had received appropriate training in this area and had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- People and their relatives told us they felt the service was safe. A person told us, "I feel very safe here, it feels like home."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable risk they were supported to keep safe by staff who understood and recognised potential risks to people.
- Care plans and risk assessments gave staff information on how to reduce the risks to people in their daily lives and activities.
- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to, prevent future incidents where possible.
- The environment and equipment were safely managed; however individual evacuation plans were not in place. The registered manager was to introduce these to ensure people were able to leave the service quickly if needed.

We recommend the provider consider current guidance on personal evacuation plans and take action to update their care plans accordingly.

Staffing and recruitment

- Staffing and recruitment were safely managed. The provider ensured checks had been carried out before recruiting and employing prospective staff to confirm their suitability for the role
- There was enough staff on duty to enable people to receive care and support in a timely way and to help them do the things they enjoyed.
- Staff told us there was always enough staff to support people. A relative told us, "The staff keep a close eye on [person's name] as they have one to one support, there always seems to be enough staff when we visit."

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.

- The provider had up to date procedures in place which followed best practice. People received medication according to prescribed instructions. Staff were trained to administer them and had their competency assessed.

#### Preventing and controlling infection

- The provider managed the prevention and control of infection well.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections. when supporting people.
- The service was clean and tidy throughout.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed and care and support was regularly reviewed.
- Staff used assessments to produce support plans. Care and support were planned, delivered and monitored in line with current best practice and evidence, which led to good outcomes for people and supported a good quality of life.
- People's rights were respected. Their diverse needs were suitably supported so people were not discriminated against in any way. For example, disability and religion, were considered as part of people's pre-admission assessment and care planning.
- Staff monitored people's needs and supported them to experience their rights as citizens in the community, including attending church on a regular basis and supporting them to go to work.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff completed an induction and training programme. Additional training was available to staff to help them understand how to care for people with specific medical needs. Staff told us if people had new or changing needs, they could request training and it would always be provided.
- Staff had opportunity for support, supervision and appraisal. Regular staff meetings had been carried out for staff to work together to understand and reflect on their practice.

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

- People were involved in menu planning, supported to maintain a balanced diet and protected from risks of poor nutrition and dehydration.
- People were given choice of foods and drinks. One person said, "We decide between us, we decide what we want and the menus are done for the next week." A relative said, "The food is marvellous."
- People who had complex eating and drinking needs were well supported by trained staff.

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

- The service promoted consistent support for people when they transferred to other settings such as hospitals.
- Staff maintained good working relationships with other professionals. Where people required help from healthcare professionals this was arranged and staff followed their guidance for the benefit of the people they supported.

- Care plans recorded the assistance people received to maintain their health, for example, support to attend appointments including GPs, dentists and other services.

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

- The environment met the needs of the people living at the service and encouraged their independence.
- Where people needed specific adaptations to aid them they had been completed.
- People were happy with the decoration of their bedrooms. Private space was comfortable and personalised with items of their choice.

#### 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.

- People's rights were protected. Where required the registered manager had submitted applications under the MCA and DoLS to the supervisory body for authorisation.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what was needed when decisions had to be made in people's best interests.

# 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

- Staff were caring and understanding. People had good relationships with staff.
- Throughout the inspection we observed caring and positive interactions between people and staff. People talked, joked and laughed with staff and were relaxed in their company. Relatives told us, "The staff are very caring, they even put their arms around us and give us a hug."
- Staff showed genuine concern for people and ensured they were not discriminated against in any way. They recognised how choice was important to people to ensure their individuality.
- People's cultural and religious wishes were respected by staff. People were supported to practice and celebrate their religion.

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

- People were encouraged and supported to express their views and were involved in all decisions about their care where possible.
- One person told us, "I was involved in developing my care plan, there have been a few changes which I have asked for and I am involved with reviews."
- We observed people making day to day decisions about what they were going to eat, and drink and if they wanted to go out or not. People regularly, accessed their local community to maintain routine. They used local transport or the service vehicles if necessary to go to work or socialise with friends.
- People were supported to develop and maintain relationships if this was their choice.
- Staff understood people's way of communicating. They knew people's likes and dislikes, their traits and personalities, and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy were respected, they were treated with dignity and staff ensured people received care and support as they preferred.
- Staff sought people's consent when supporting and guiding them with personal care and so respected their privacy and dignity. A person told us, "The staff always knock before they come in and they always support my preference for a male or female carer."
- Staff discreetly managed people's private and confidential information which is stored securely in the office.
- People were encouraged to be independent, for example, with personal care, visits to doctors, dentists and anything regarding their rights as citizens. They accessed the local community on a regular basis and

chose their lifestyles.

## 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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service continued to support people in an extensive range of social activities that were tailored to their own preferences and interests. This included karate and attending championships in Dublin, horse-riding and curling. One person told us, "I am usually at work so don't have a lot of time, but I like quizzes, so I join in when these are on."
- The service had developed excellent links with local community groups and sporting organisations which provided wider opportunities for people to be fully integrated in their local community, improve physical wellbeing and reduce isolation. For example, the registered manager told us about power chair football, they had established in partnership with others, including the local football club. This was accessible for anyone to join at any time. The registered manager told us they had raised funds for chairs to enable people to play which promoted physical activity and new friendships.
- Staff were proactive in seeking opportunities for people to have different experiences and to be fully engaged in the community. They supported people to develop their own interests and hobbies and to take part in many activities, and events of their choosing, including work. People we spoke to talked with a sense of pride and belonging when discussing their roles in the workplace.
- People were fully involved in contributing to the development of the service, participating in meetings and plans. People told us they were on the executive council and were involved in decision making. They explained the next phase of development for the service which included a hot tub and changing rooms; they were very proud of their contribution to making changes which met their needs. The registered manager told us people were very influential within the council which had helped increase their confidence.
- Staff went above and beyond to ensure people were supported to maintain their family relationships and friendships. People's support plans included information about those who were important to them. People also had opportunities to form new friendships and relationships.
- People we spoke with felt supported to maintain and develop friendships. One person said, "I've made new friends (name of resident) is like my brother and [name of resident] is like my uncle. I can have my friends here and they have become their friends, it's fantastic."

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

- The provider continued to ensure people received care and support that was exceptionally personalised, very well planned and particularly responsive to their individual needs and preferences.
- People's care plans provided staff with detailed important information about the person's needs and preferences and assisted staff to understand the individual and help them meet their goals.

- Staff invested a great deal of time supporting people to plan and achieve their goals and aspirations leading to extremely positive outcomes for people which made a difference to their lives. A person told us, "This service has changed my life, I feel like I am now living in a flat with my flatmates."

#### 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 continuously strived to ensure people's communication needs were met in a way that ensured their independence and choice.
- The registered manager demonstrated an awareness of the AIS and shared examples of how staff were supportive of people who had additional communication needs. The registered manager told us, "We encourage the use of artificial intelligence devices for people; we support a person who uses eye gaze technology enabling them to communicate with us."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which people, relatives and staff were able to access. When formal complaints had been received, the registered manager had responded in accordance with the policy which included actions taken to make improvements.
- People told us they felt assured complaints would be responded to and knew key individuals within the service to whom they could direct their complaints. A person told us, "I have gone to [name of registered manager] and she addressed the concerns I raised and dealt with them really well and I am very happy with the outcome, they just want us to be happy."

#### End of life care and support

- The service was not currently supporting anyone on end of life care. However, the registered manager told us, "No one is ever left on their own, in the past staff have supported people to remain in the service and developed positive relationships with other professionals to ensure all their needs were anticipated and 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; 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 continued to promote a positive, open and person-centred approach to care.
- The registered manager was consistent in their approach to providing high-quality care and was committed to driving improvement and promoting better practice to achieve the best outcomes for people.
- People, their families and staff consistently spoke positively about the management of the home. One person said, "[Registered manager], is very good, they have our welfare as the top priority," A relative told us, "[Registered manager], is very present. Everyone knows what they need to do". A care worker told us, "If I ever have a problem I go to [name of registered manager] and they have listened to me and sorted as they said they would."
- The registered manager understood their responsibility under the duty of candour and had procedures in place if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner.
- Staff were clear about their roles. People told us staff supported them with their needs in a caring and responsible way.
- The service had a strong culture of learning and improvement. There were mechanisms in place to measure the quality and the effectiveness of the service. Quality assurance audits were completed on a regular basis ensuring people received consistent care and any concerns, errors and shortfalls identified were addressed in a timely way. For example, personal evacuation plans were to be introduced by the registered manager after the inspection.
- People, their families and the staff team had opportunities to feedback comments through quality feedback surveys. The results were very positive and shared with those who had completed them.
- Detailed records were kept throughout the service.

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

- People, their families and staff were very involved in developing the service, sharing information and

learning through regular meetings and social events.

- Meeting minutes recorded how people, their families and staff were involved in future planning, staffing and learning. This included building works and activities. One person said, "I show potential new staff around the buildings."
- Staff told us the registered manager was approachable and would listen to their concerns or ideas.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people. The staff team had developed good community links with outside organisations to benefit people living at Lincolnshire House. For example, there were links with places of worship and the local football team.