

Beeshaw Care Limited

Lindum

Inspection report

81 Norwich Road
Salhouse
Norwich
Norfolk
NR13 6QQ

Tel: 01603722096

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14 February 2019
21 March 2019

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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

Lindum is a care home that offers care and support for up to three people with Learning disabilities or autistic spectrum disorders and or physical disability.

There were three people using the service at the time of our visit.

The care service was meeting the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service

- People were happy living at Lindum. They felt safe and liked the staff who supported them. Staff enjoyed their work and were proud of the service.
- Staff knew about safeguarding and how to protect people from abuse and avoidable harm.
- Risk was assessed and managed so that people could continue doing the things they liked to do.
- Staff knew people extremely well. They knew what made them happy and sad and about the things that may trigger risky behaviour and the best way to manage this.
- Staff managed medicines in a safe way.
- There was a consistent staff group matched to the needs of people. This meant that people received the support they required from staff who knew them very well.
- Staff were recruited in a safe way to make sure that only staff with the right skills and characteristics were employed.
- Regular maintenance and checks were carried out on the premises and equipment to make sure it was in safe working order.
- The service was clean and tidy and staff knew how to prevent and control infection.

- Staff had the right skills, experience and support to meet people's needs.
- People were supported to maintain a healthy weight and had a balanced diet with a choice of meals that they had chosen.
- Staff knew how to recognise changes in people's health and wellbeing and sought medical advice as soon as this was required.
- The premises met people's needs and provided a safe, comfortable and homely environment.
- Staff followed the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Standards. This meant that people's liberty was only deprived following authorisation and a best interest decision.

- People felt cared about by staff. They had developed positive relationships and were treated with kindness and respect.

- Staff had time to spend with people and supported them to do the things they liked to do.
 - People received support from advocates to make sure that care and support was being provided in their best interests.
 - Staff protected people's privacy and dignity and promoted their independence.
 - People were supported to maintain relationships with their family members.
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- People received care and support which was personalised to suit their needs and preferences.
 - They were able to pursue their hobbies and interests including holidays.
 - People were supported to raise concerns should they need to.
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- People and staff felt supported by the registered managers.
 - The staff team enjoyed working together and supported each other and the registered manager.
 - The quality of the service was monitored and people were asked for their feedback and this was acted upon.
 - Staff worked in partnership with other professionals and organisations to make sure that people received joined up care and support.

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

Rating at last inspection

At the last inspection we rated this service Good (report published on 15 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Lindum

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Lindum 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 we looked at both 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 carried out the inspection visit on 14 February and 21 March 2019. We returned for a second visit because people were out during our first visit so we went back to speak with them. We gave the service 48 hours' notice of the inspection visit because the service is small people went out with staff on most days. We needed to be sure that they would be in

What we did

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection visit we saw how the staff interacted with people. We spoke with three people who lived there. We spoke with the registered manager, deputy manager, the provider, the business manager and a support worker.

We looked at care records for two people as well as other records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They felt confident speaking with their support workers or the registered manager and felt sure they would listen and take action if they felt unsafe.
- Staff had received training and knew what to do if they had any concerns about people's safety.
- The provider had demonstrated they had systems and processes in place to protect people from abuse. They had reported concerns to relevant organisations such as the safeguarding team or the police.

Assessing risk, safety monitoring and management

- Risk was assessed and managed. Staff knew about the risks to people at the service and out in the community and knew how to manage these.
- People and their families were involved in making decisions about the best way to manage risk while also supporting people's choice and freedom.
- The provider's health and safety officer regularly checked the safety and security of the service.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Fire drills were held so people and staff knew how to evacuate the building in the event of a fire.

Staffing and recruitment

- Staffing numbers were planned to meet the dependency needs of people. There was a high ratio of staff. People had a staff member allocated to them during the day time so that their needs could be met and they could spend time doing the things they liked to do.
- The provider followed a recruitment policy so they were as sure as possible that only staff who were suitable to work at the service were employed. Checks were carried out such as a Disclosure and Barring Service (DBS) check and references. DBS checks made sure that staff had not been barred from working with vulnerable people.

Using medicines safely

- Staff managed medicines well. They had undertaken training and competency checks so they could give prescribed medicines safely. Medicines were stored securely and records were accurate and up to date. Checks were carried out to make sure medicines were given to the person at the right time and in the right way.

Preventing and controlling infection

- Staff had undertaken training and were fully aware of their responsibilities to protect people from the

spread of infection. The service was clean and tidy.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

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

Good: 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

- Thorough and detailed assessments were carried out to make sure people's needs could be met. People were offered trial periods at Lindum before any decisions were made.
- People's physical, mental and social needs were assessed.
- Managers and staff kept up to date with best practice and evidence based guidance through support networks within the organisation. This ensured that staff delivered care in line with all relevant guidelines.
- Client care meetings were held and people's care and support needs were reviewed by case managers with input from psychiatrists, psychologists and other professionals.
- The registered manager considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff skills, knowledge and experience

- Staff received training, support and guidance so they had the knowledge and skills to do their job well. Staff were up to date with all training required by the provider. They told us the training provided was good and they felt supported.
- People who used the service had confidence in the staff and felt they were competent.
- All staff had regular supervision from a member of staff senior to them. This provided opportunity to discuss and plan for learning and development needs.
- New staff received induction training and worked with experienced staff until they were competent and confident.

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

- People had their nutritional needs assessed and reviewed. Where risk of malnutrition was identified then this was managed and included in care plans.
- People planned their own meals and could take part in the food preparation. Heathy meals were encouraged and people's nutritional needs and weight were monitored. Healthcare professionals were consulted where this was required. For example, one person had been seen by a speech and language therapist and staff were following their advice and guidance regarding food and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies to make sure that they met people's needs, for example if a person had to go to hospital a member of staff went with them and stayed with them to ensure they received consistent, effective and timely care.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to access healthcare services. One person told us they had recently seen their doctor for a blood pressure check.
- Staff knew people extremely well and accessed healthcare or medical attention as soon as this was required.
- Guidance from healthcare professionals was carefully followed and included in care plans.

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

- The design and decoration of the service met people's needs.
- People were consulted about the décor in their rooms and in the communal areas.
- People had personalised their rooms with things that they liked or were meaningful to them. One person told us they had their room painted in their favourite colour.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and we found that they were.
- Staff had undertaken training about the MCA and DoLS and were aware of how to apply this legislation.
- Representatives from the DoLS team carried out regular checks to make sure that the legislation was being followed correctly.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People told us they felt cared about and were treated well by the staff.
- We saw that staff had built up positive relationships with people.
- Staff knew people extremely well. They knew about the things that were important to them and the things that caused them distress.
- Staff knew how the people liked to receive support. They spent time with the people doing the things they liked to do such as going out walking every day or playing games.

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

- Staff supported people to maintain relationship with their families. People visited their family members and people's friends and family were made welcome at the service.
- People's care plan was reviewed at least once a month and people were encouraged to express their views about the support provided.
- People had access to advocates if they needed help to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. They had received training about this. Staff knew how to provide personal care in a sensitive way. They protected confidential information and only shared information with authorised people.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what people could do for themselves and guided staff to help them build on their skills. People told us they were able to keep their rooms clean and tidy independently. One person said they were independent with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The staff team were very responsive to people's needs.
- People were involved in the care planning process and their preferences about the way they preferred to receive support were carefully recorded. This included their physical, mental, emotional and social needs.
- Staff knew about people's life histories and the things that were important to them. They were knowledgeable about people's likes, dislikes and preferences and told us how they met people's individual needs.
- People received information in accessible formats and staff knew about and were meeting the Accessible Information Standard.
- People were supported to follow their interests and take part in activities and holidays that were socially and culturally relevant.
- On the first day we visited people were busy getting ready to attend a social event at one of the provider's other services. On the second day, people were chatting together in the kitchen and garden. People had developed important friendships and enjoyed social time together.

Improving care quality in response to complaints or concerns

- People were supported to give their feedback and to raise a complaint should they need to. People said they did not have any complaints and were happy with the service. House meetings were held every month and people were asked for their feedback about all aspects of the service.
- The provider had a complaints policy and procedure. The registered manager told us they had not received any complaints since our last inspection.

End of life care and support

- There was no-one in receipt of end of life care at the time of our visit. Where appropriate, people's advanced wishes were explored and recorded.

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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People made positive comments about the service.
- There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon.
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- The registered managers promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong. There was a whistle blowing policy so that staff could report any concerns. We were given an example of when this had been used and managers had taken swift action in response.

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

- There were two registered managers who worked across three of the providers locations. The registered managers provided strong leadership. People and staff told us that managers were approachable and accessible.
- Both registered managers were experienced and qualified.
- There was a clear structure and staff and managers understood their responsibilities. There was additional support in the organisation from professionals and from staff who were responsible for lead roles such as health and safety and nutrition.
- The provider was also involved in the day to day running of the service and visited the service at least once a week.
- There was an on-call rota so that staff and people had access to a manager at all times.
- The provider had a quality monitoring system in place. This meant they carried out checks to make sure that high quality safe care was provided.

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

- The registered managers and staff team encouraged people to express their views about the way the service was run. This was done through monthly formal meetings and on an ongoing basis.
- Meetings were held so that suggestions, issues or concerns could be raised.

- Quality assurance surveys were sent out annually. These were analysed and used to make improvements.
- Staff also felt involved in the running of the home and attended regular meetings where they were asked to contribute their views and feedback.

Continuous learning and improving care

- The provider and registered managers held meetings to set targets for the development of the service.
- The provider had a staff award system across all its services to promote innovation and improvement and to reward staff for outstanding performance.
- The provider was a member of the 'National Care Association', the 'Federation of Small Business' and 'Norfolk and Suffolk Care Support'. Membership of these organisations supported continuous learning and improvement.

Working in partnership with others

Staff and the management team worked in partnership with other agencies such as hospitals, other healthcare professionals and the local authority.