

Linwood House (Nottingham) Limited

Linwood House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Linwood House provides accommodation and care for adults with learning disabilities. The service accommodated people in one building and was registered to support up to 13 people. At the time of the inspection 13 people were living at the service.

The service worked 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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them

The service was registered for the support of up to 13 people and 13 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when supporting people outside the home.

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

People told us they were happy living at Linwood House and they felt safe. Staff were aware of their responsibilities to keep people safe from abuse and discrimination. People were protected from risks associated with the environment, and risks related to their health and welfare had been assessed, planned for and were regularly monitored. The service was clean and tidy.

People told us there were enough staff to support them and they regularly accessed the community, with staff or independently. People led active and fulfilling lives, one person worked, another did volunteer work. People were supported to pursue hobbies and interests.

Safe recruitment procedures were followed to ensure suitable staff were employed. Staff were well trained with the skills to provide care for people's needs.

People were supported to take their medicines in a safe and timely way, medicines were stored and managed safely.

People were supported by staff who were kind and caring and who knew them well. The care delivered was around people's individual needs. Technology was used to improve the service for people. People's healthcare needs were well-managed, and staff sought support from health care professionals as required to support people effectively. People had a choice about what they ate and participated in planning and

preparing meals.

People's care plans were person-centred, and staff had the information required to provide care in an individualised way. People had the opportunity to give feedback and make suggestions to improve the service.

The service was well-led. Staff felt well supported by the registered manager. Quality systems were in place to monitor accidents, incidents and complaints, to learn lessons and make improvements.

The service was working within the principles of the Mental Capacity Act. 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.

Rating at last inspection

The last rating for this service was Good (published 8 February 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.

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

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 ●

Linwood House

Detailed findings

Background to this inspection

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 team consisted of one inspector and an assistant inspector.

Service and service type

Linwood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both premises and the care provided, 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

The inspection was unannounced.

What we did before the inspection

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. We contacted Healthwatch, this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spent time with people at the service and 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 workers, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. 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, Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was safe. People told us they felt safe and secure with carers. Staff had received safeguarding training and could describe different types of abuse to us. Staff knew who to report concerns to, within or outside the organisations.
- The registered manager understood their responsibilities and reported concerns to the local safeguarding team to protect people from the risk of abuse.
- People showed us they had keys to their rooms to keep their personal things safe. People told us they knew the manager well and could always raise concerns with her.

Assessing risk, safety monitoring and management

- Risks associated with people's health needs were assessed, planned for and monitored. Staff told us how they assessed and supported people with specific risks, such as falls. We could see in care plans, people had measures in place to minimise the risk. Staff told us how they supported people at risk of choking and what health professionals they would contact to advise. People had individual behavioural support plans in place and staff were knowledgeable about triggers and how to support people to reduce risk
- People had personal evacuation plans in place, so staff could assist them in an emergency.

Staffing and recruitment

- The service had sufficient staff to meet people's needs and ensure their safety. The Registered Manager told us if it was short she covered shifts. This meant agency staff were not used and people had staff who knew them, supporting them. Staff told us they felt well supported by each other and the Registered Manager.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People told us they got the correct medicines. Staff told us they received good training and had their competency assessed by a senior member of staff.
- Medication audits were performed weekly to pick up errors. If errors were discovered they were investigated, and staff were offered further training or supervision if required.
- There were medication policies and procedures in place for 'as required' medication for staff to follow with personalised information on when they may be required.

Preventing and controlling infection

- The service was clean and well maintained. Staff received appropriate training in infection control and how to prevent the spread of infection and could tell us how they kept people safe from the risk of infection. Staff wore protective equipment such as gloves and aprons when required to prevent the spread of infection.
- Staff received training in food hygiene to ensure food was prepared for people safely.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Staff knew how to report incidents and accidents, and these were discussed and analysed immediately after the event.
- Lessons learned were shared through emails and meetings. The registered manager shared examples of when lessons had been learned and the changes that had been implemented as a result. One example was a repeated behavioural incident triggered by a television program, staff worked with both people involved to ensure that they could both watch what they wanted at different times to avoid recurrence.
- Records of incidents and accidents were kept in people's individual care records. We discussed with the manager, about implementing a central log which would make it easier to analyse themes, this was immediately implemented.

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 has remained the same. 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 were well supported, and people received effective care. People told us their needs were assessed when they joined the service and recorded in a care and support plan which covered physical, mental and social needs. Care plans were reviewed and updated when required.
- People told us staff talked through any issues with them on a daily basis to support them to make choices and decisions.
- Staff provided support in line with national guidance and best practice guidance, for example National Institute of Clinical Excellence guidelines for oral care. Nationally recognised tools were used to assess people, such as the Malnutrition Universal Screening Tool for nutritional needs.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had received extensive training when they started to ensure they had sufficient skills. Staff told us they had time allocated to shadow experienced staff and received regular supervision and appraisals.
- The Registered Manager told us she spent a lot of time with staff and people and used this time to monitor the quality of people's care and identify staff's training needs and support
- People told us staff were experienced and knew what they were doing.

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

- People's nutritional needs and preferences in relation to their diets had been assessed and planned for. People told us staff supported them to choose menus, do the shopping and help in the kitchen. We saw people had access to the kitchen and we saw people making drinks and helping to prepare food. Food stocks were good, and people had access to fruit and snacks.
- Staff told us they monitored people's weight regularly, and if they were concerned, they monitored food intake or referred them to a dietician.

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

- People were supported to access a range of healthcare services. The service had processes in place to ensure that people received the correct healthcare in a timely manner with effective communication.
- Care plans we saw contained a 'grab sheet' of information about a person, to ensure if people were admitted to hospital, there was up to date information to pass on, which highlighted issues such as communication difficulties.
- People who were vulnerable to becoming lost if they left the home, had a missing person sheet, to help

emergency services locate them in the event they became lost.

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

- The premises met people's individual needs. There had been recent refurbishment of the home and garden which had given people more access to the outside space. People were able to decorate their bedrooms how they wanted, bedrooms we saw were full of personal possessions and decorations. People told us they liked their rooms and the garden. A number of people had pets such as fish and birds in their rooms. There was a dog living at the home that people helped to care for.
- A relative told us, they had commented to staff, the furniture their relative had brought from the hospital they had been living in, looked too 'white and clinical'. "I didn't even have to ask, the next time I visited, the staff had painted it [their] favourite colour, it was such a kind thing to do".
- A relative told us the registered manager had put a stair lift into the service to accommodate their relative, so they could live at the service.

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

- Staff supported people by monitoring their health and well-being. This included accessing various health services such as dentists and chiropodists. Relatives told us staff went to appointments with people to reassure them and help with communication.
- People told us, if they were not well, staff would contact the GP or other health services for them.

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, 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had training in MCA and could explain to us why people had mental capacity assessments and how they used best interest decisions.
- The registered manager submitted applications and monitored the progress of the assessments.

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 add rating. Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people respectfully and we could see staff knew people very well. Staff had the information they required to support people in the way they wanted. Care records were accessible and had been developed with people and relative's involvement. People had an 'All about me' document, which gave staff an overview of what they needed. One person told us, "I love it here". We saw staff spent time with people who were relaxed and comfortable with staff. A relative told us, "It just feels like home."
- People told us staff were respectful and caring and we saw people's choices were respected. Staff had received training on equality and diversity and we saw an easy read booklet called 'What is transgender?' for people to read. The service was just starting a cultural evening, for people to experience the different foods, language and culture of other countries.

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

- Staff supported people to express their views and make choices about what care they received on a daily basis. We saw care plans contained detailed requests from people about how they would like to be supported. Staff told us people were involved in making decisions on a daily basis, which was recorded in their records.
- People were asked their opinion on the service in different ways. There were regular residents' meetings and yearly satisfaction surveys. The registered manager told us, each night we sit down and discuss what everyone wants to do the next day.
- For people who could not make day to day decisions, there were advocacy services available. This meant that people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff that respected their privacy and dignity, people confirmed that staff treated them with dignity and respect and maintained their privacy. People told us they had keys to their rooms and staff knocked before entering
- Independence was promoted. People living at the top of the house had their own kitchen and lounge area where they could prepare food and wash up. People told us they went to a 'Smile and Achieve' group where they met other people and established new friendships outside the home.
- People told us that staff supported them to maintain their independence, one person worked full time in a gardening job. Another person helped at a day centre. People were supported to go out when they wanted to. One relative said, "I always ring before I visit [name] because they are never in. [Name] has a better social life than me. They have become much more independent since they moved to Linwood, I never have to

worry about [Name] now."

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. Good: This meant people's needs were met through good organisation and delivery.

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

- People's needs were pre-assessed before they moved to Linwood House, to ensure their needs could be met. Care plans were discussed with people and were personalised, with individual preferences. There was a front page of important information, so staff could easily see essential information about the persons needs and wishes. People's individualised support plans had guidance for staff on how to support people's diverse needs.
- There was an Equality and Diversity policy to ensure staff knew how to avoid people being discriminated against and staff told us about a person who they were supporting with challenging behaviour to avoid them being excluded by others.

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.

- We saw information was available in accessible formats to support people's understanding. For example, easy read with pictures. People's communication needs were assessed and identified in their care plans.

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 supported people to maintain links with friends and family. A relative told us, "We live a long distance away, and always receive birthday cards, the registered manger always reminds [name] to send one". Social activities were supported by staff and people were supported to access the community. We could see people's interests and hobbies when people showed us their rooms. One person had a voluntary job, and another worked as a gardener. There were shops and transport links close by and people were able to access local shops, pubs and cafes.
- Staff told us a number of people attended a local church, to maintain their faith. The service had purchased two tablet computers for people to use to contact friends and family and for general use.
- One relative told us about the change they had observed in a person who arrived at the home the same time as their relative. [Name] used to be so challenging, they have turned [name] life around, they are now able to spend time with other people which they could not do before they got here and [name] looks 10 years younger, it's amazing to see".

Improving care quality in response to complaints or concerns

- People knew who the registered manager was, and there was a system in place to deal with complaints. People and relatives told us they felt comfortable to raise a complaint or concern with the registered manager.
- People had access to the complaints policy. We saw evidence that this was available in a variety of different accessible formats for people. Staff told us if they received a complaint, they would listen, record details and then pass it on to the manager if they could not deal with it.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. End of life wishes were discussed with people and recorded in their care plans. People's plans included advanced care preferences and Do Not Attempt Resuscitation (DNAR) when appropriate. Staff had received end of life training updates yearly and told us they involved a number of other organisations if people were at end of life, to ensure appropriate and timely care was given.

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 Good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was good leadership and oversight of the service. Staff, people and relatives spoke very highly of the registered manager. Staff told us they had regular handover meetings to keep up to date with people's changing needs, and staff meetings to discuss issues and concerns. They said it was a good team that worked well together and communicated effectively.
- Staff were given positive performance feedback when they had gone above what was expected of them.
- There was quality monitoring performed by the provider and feedback was sought from people, this information was analysed and fed back at staff meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear about their roles and the role of others in the team. Staff received regular supervision and knew the leadership structure. The registered manager was aware of their regulatory requirements and what they needed to report to CQC, and understood their responsibilities under duty of candour, if errors were made.
- The management team covered shifts when required to give oversight of staff routines. Quality spot checks were performed on staff to ensure the care given was at the expected level.
- There were regular reviews and updates of care plans and risk assessments to ensure people received safe care.

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

- The registered manager engaged the views of people using the service through meetings and surveys, so people could influence changes made. At one meeting people had voted about getting a dog at the home. The registered manager told us the dog they acquired, had helped people's independence, caring for the dog and increased exercise taking them for walks.

Continuous learning and improving care; Working in partnership with others

- Staff told us the registered manager encouraged learning and was supportive and staff had regular meetings to share information and update practice.

- The registered manager kept their knowledge up to date by receiving alerts from the local authority, CQC and national healthcare bodies.
- The registered manager worked in partnership with external health care professionals, commissioners and the local safeguarding team and other organisations, to ensure people received the care and support they required.