

Linkage Community Trust

Community Support Services

Inspection report

Stanley Avenue
Mablethorpe
Lincolnshire
LN12 1DP

Tel: 01507478482
Website: www.linkage.org.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Community Support Services is a domiciliary care agency (DCA). The service provides personal care for adults who have a learning disabilities or autistic spectrum disorder living in their own home in the community. At the time of our inspection the service supported 19 people who received personal care support.

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

People's experience of using this service: People were at the heart of their care and involved in the planning of their support. Their preferences were always considered and each person was treated as an individual. Their physical, social, emotional and spiritual needs were always valued and respected by staff.

Strong community links were established. Staff worked with people to promote inclusion with community groups with the goal of achieving the best possible outcomes for people. Their choices and wishes were recognised and people were actively encouraged to share their views and give feedback regarding their support.

People and their relatives consistently told us staff were caring and always showed kindness and compassion.

People were truly placed at the centre of the service and were consulted on every level. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support.

People using the service received exceptional care from a well-led service. There was a truly holistic approach to assessing and delivering care and support. Support plans were personalised and recorded specific information about what was important to each individual.

The registered manager demonstrated a strong and supportive leadership style. They led by example and promoted a culture of team work and inclusion for all. Staff felt valued and demonstrated the provider's values.

The service was outstanding in supporting people to ensure they were safe within their own homes.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this.

More information is contained in the detailed findings below.

Rating at last inspection: At the last inspection in July 2016 the service was rated good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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?

Outstanding 

The service was exceptionally 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?

Outstanding 

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Community Support Services

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. This inspection was planned 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: The inspection team consisted of two adult social care inspectors and an expert by experience who made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults with a learning disability or autistic spectrum disorder.

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 announced. We gave the service 5 days' notice of the inspection visit as we needed to be sure they would be in.

What we did: Prior to the inspection, we checked all the information we had received about the service. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services. We used this information to plan the inspection.

We assessed the information received in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

During the inspection we spoke with six people who used the service and six relatives.

We observed how staff interacted with people and spoke with the registered manager, operations manager, two community support managers, a deputy manager and five support workers.

We reviewed a range of care records for three people. We also looked at records in relation to the safety and management of the service. We spoke with three visiting healthcare professionals. After the inspection the registered manager sent us further information which we had requested.

Is the service safe?

Our findings

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

People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives.

Assessing risk, safety monitoring and management.

- Detailed risk assessments were in place for people. These included environmental risks and any risks due to the health and support needs of the person.
- Risk assessments considered the independence of the person. Staff considered the least restrictive ways of working and supported people's wishes and choices through positive risk-taking. The benefits of positive risk-taking can outweigh any possible harmful consequences of avoiding risk altogether. This positively impacted on people's wellbeing. One relative told us, "The staff encourage [name of person] to be very independent."
- Emergency plans were in place to ensure people were supported in certain events, such as fire. The provider had taken proactive steps to ensure fire safety was considered by people within their homes. Following media coverage around fire safety the provider surveyed people to gather their views and asked people if they knew what to do in the event of a fire in their home. They identified gaps in some people's understanding of the actions to take in an emergency. Therefore, the provider organised education sessions to help increase people's awareness and knowledge. One person told us, "I know I have to get out of the property if there's a fire. I would like to go on a fire course to learn how to use a fire extinguisher as well."
- Systems were in place to support people to carry out home safety checks. A 'Safety Saturday' initiative was established which included supporting people to check their home smoke alarms.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a zero-tolerance approach to abuse. They had introduced innovative new ways of working to promote speaking up and reporting issues. Some staff were safeguarding ambassadors to provide advice and share good practice amongst the staff group. Staff received prompt cards to carry which detailed the actions they should take to raise any whistle blowing concerns. Discrimination and stereotyping were actively challenged by staff which promoted inclusion for people using the service. Systems were in place where concerns could be raised anonymously if necessary.
- People were involved in the safeguarding process and in decisions regarding the implementation of risk management plans. This meant that their views about these issues and their preferences were taken into consideration and respected. A positive culture was in place which focused on the personalised outcomes for people during the safeguarding process. For example, one person was supported to enrol on an on-line safety course in response to safeguarding concerns linked to their internet usage.
- Visiting health and social care professionals were confident people were safe. Comments included, "I think the service is really safe. The service worked really proactively with one person. This included getting them a video doorbell for their home, they responded very quickly to risk and the person was very much part of the process."
- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect

people and told us they would be confident to raise any concerns. Discrimination and stereotyping were actively challenged by staff which promoted inclusion for people using the service and ensured that their rights were protected.

- People told us they felt safe and were empowered and encouraged to share feedback about their care. One relative told us, "I have every faith that [name of person] is in very safe hands."

Using medicines safely.

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.
- Systems were in place to support people who chose to self-medicate. Assessments were completed which demonstrated the level of support people required to take their medicines safely.
- Protocols were in place to guide staff on the use of medicines to be used as required. Comments from staff included, "There are protocols in place and there are clear guidelines of what staff should do."

Staffing and recruitment.

- Safe recruitment procedures were followed.
- People who used the service were empowered to be involved in the interview process for potential employees. This positively impacted people as they were able to share their views about potential staff who would be supporting them and these were seriously considered as part of the recruitment process.
- There were enough staff employed to meet the needs of people. Support was provided depending on the individual assessment for the person. In addition, the provider employed an additional member of staff to cover any periods of staff shortage for example, staff sickness.
- Staff worked flexibly to meet the needs of people. The provider responded to requests from people for changes to their support times. This was important to meet the needs of people using the service to give them choice and control in their lives. For example, if people wanted support to attend a health appointment or social event staff would work to accommodate this.

Learning lessons when things go wrong.

- Systems were in place to review accidents and incidents. Appropriate action had been taken where necessary. Learning was based on a thorough analysis and investigation with an emphasis of learning from any mistakes.
- Where issues were identified, action was taken to reduce the risks of repeated incidents.
- There was an open culture where staff worked in a transparent way to ensure all safety concerns were reported. Staff were encouraged to reflect on their practice to consider different ways of working. Comments from staff included, "We have team meetings where we try and talk about what is working or what's not working or any changes we could make that may benefit the client."

Preventing and controlling infection.

- People were protected from the spread of infection. Staff had access to personal protective equipment which minimised risks to people.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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. 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.

- The principles and guidance related to MCA were followed.
- Capacity assessments had been completed for people. Staff considered least restrictive ways of working and any decisions made in their best interests were recorded.
- Staff ensured where possible, people were involved in decisions about their care.
- Prompt cards were available for staff to carry which detailed the principles of the MCA.

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

- Records confirmed that a holistic assessment of people's needs had been completed.
- Assessments were thorough and expected outcomes were identified. Assessments were updated when a change in need was identified for the person.
- Support plans contained person-centred information and recorded what was important to the individual. One staff told us, "I'm passionate about making sure people have person-centred information recorded in their care plans."

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively.
- Training the provider had deemed mandatory was delivered to staff. In addition, training was available to staff to extend their knowledge around particular health conditions such as, diabetes and epilepsy. Adjustments were made in training sessions to meet the individual learning needs of staff.
- Staff's understanding and skills were checked through supervision, observations and team meetings. Systems were in place for new staff to shadow existing members of staff until they were assessed as being competent. Staff told us they felt supported at work.
- Newly recruited staff completed a comprehensive induction programme which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and

behaviours expected of staff in care based roles.

- Relatives were extremely complimentary about the skill of the staff. One relative told us, "Some conditions can make people vulnerable, but the staff are well trained to cope with all eventualities."

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

- People were supported to access a range of healthcare professionals to ensure they remained healthy. The service appropriately referred people to other healthcare professionals such as social workers, GP's and dieticians.
- People received a learning disability annual health check with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities when attending health appointments.
- Staff promoted inclusion for people at health appointments. To avoid discriminatory practice staff advocated on behalf of people that annual health checks took place at the GP surgery and not at the person's home as requested by some surgeries.
- The provider had identified staff to work in allocated roles of health and well-being ambassadors. These staff ran workshops to encourage and promote healthy lifestyles including arranging walks in the local community to increase people's activity levels.

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

- Staff were knowledgeable about people's special dietary needs and preferences. Staff had completed training in food safety and encouraged people to eat a healthy well-balanced diet.
- People who had requested help to lose weight were supported to attend slimming clubs within their local community. Pictorial resources such as 'The Eat Well Plate' were used to demonstrate to people how to prepare a healthy, nutritional meal.

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

- People were living in their own homes and had choice and control to personalise these as they wished.

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.

People were truly respected and valued as individuals: and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well cared for and consistently told us staff were caring. Comments included: "The staff are very caring and very helpful. The staff always check with me before they do anything in my home, I like that the staff are respectful and kind. Even the managers are helpful too." One relative told us, "Most of the time [name of person] prefers their own company but [name of staff] brings them out of their shell, their support is very impressive."
- People's rights were actively promoted and person-centred care was delivered. Staff were trained to ensure people were supported in line with the provider's values, this included people being empowered to make their own choices and live fulfilled lives. It was evident relationships between people and staff were based on mutual respect.
- Inclusion, equality and diversity were encouraged. Staff supported people to attend events such as Pride and people's protected characteristics were embraced.
- Opportunities for social engagements were available to people. In response to a survey where people had expressed feelings of loneliness and isolation the provider organised regular social events. For example, staff supported people who wanted to socialise to organise events such as meeting to enjoy Sunday lunch together. This positively impacted people and reduced the negative impact of people feeling lonely.
- Throughout the inspection we observed staff treated people with warmth, compassion and kindness. Staff knew people very well, including their personal history and preferences.
- Staff recognised and celebrated people's successes. One person who expressed they wanted to learn to crochet worked with staff to find on-line training resources. Working together they used the internet, and both learned the skill of how to crochet.
- Some people had no involvement with their families. For these people the provider ensured gifts were bought for birthday's and Christmas. People could then open their present with staff who encouraged a sense of belonging.

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

- People's communication needs were recorded in care plans. These detailed the specific support needs of the person. People expressed preferences of which staff they would like to be supported by and where possible this was respected.
- People were partners in making decisions about their care and staff were committed in ensuring the best possible outcomes were achieved. Staff used inclusive ways of involving people, so they felt consulted and listened to. This meant people's ability to communicate with others was maximised.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words. Staff had exceptional understanding of

people's communication needs and strategies had been developed to support people to express themselves freely.

- Information was available about advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Staff knew how to support people to access advocacy services, if this was needed. Staff passionately advocated on behalf of people to ensure their rights were met. For example, staff supported people to appeal decisions about disability benefit applications.

Respecting and promoting people's privacy, dignity and independence.

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. Staff worked in ways which promoted independence and maintained the privacy and dignity of the people they cared for. Staff described ways in which they worked to protect people's dignity to ensure people felt valued.

- Care plans detailed the support people required with personal care. This was sensitively recorded and always considered ways of maintaining people's privacy, dignity and independence. For example, prompt cards were available to support people to share information with staff.

- Staff demonstrated respectful attitudes. Staff told us they always showed respect to others and understood they were a visitor in the homes of people they supported.

- People's confidential information was stored securely and could be located when required. This meant people's confidentiality was maintained as only people authorised to look at records could view them.

Is the service responsive?

Our findings

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

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.

- Without question people received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated the involvement of other health and social care professionals.
- Care plans were developed with the involvement of people. They were empowered to share their views when planning care. Staff encouraged people to have choice and control in their lives to maximise opportunities to be independent.
- A holistic approach was taken when considering people's support needs. Yearly reviews were held to celebrate the achievements people had made during the year.
- Systems were in place to support people to maintain relationships with their partners, relatives and friends. For example, staff supported people to organise valentine's celebrations. Staff explored opportunities for people who wanted to develop new relationships.
- Everyone we spoke with was extremely complimentary of the skill of staff and their excellent understanding of people's needs. One relative told us, "I bet there are not many places where one day you can ask to go to the beach, the next be taken to the cinema and the next be taken to a get together club. Yet this has been the weekly routine for [name of person] because that is what makes them happy."
- People's religious and cultural needs were met. For example, the provider employed a member of staff who spoke a second language to meet the needs of one person whose first language was not English. People attended religious services when they wanted to.
- The service took a key role in actively engaging with the local community and considered further ways that links could be established. For example, relationships were forged with local community groups. People decided what social activities they wanted to be involved with.
- People were offered a range of activities that were individual to their specific needs, likes and dislikes. Staff actively explored opportunities for people to engage in employment. Some people had been successful in gaining voluntary work; staff hoped this would progress to paid employment in the future.

End of life care and support.

- The service did not provide support to anyone receiving end of life care. Person-centred end of life care plans had been developed with some people to record their wishes.
- People who had requested to visit a loved one's grave were supported to do this. Feedback from people showed they appreciated the opportunity to pay their respects. This further developed end of life conversations with people and staff.

Improving care quality in response to complaints or concerns.

- Records of all concerns, complaints, and compliments were recorded and acknowledged. The provider had a clear policy and complaints were investigated and responded to in a timely manner.
- People knew how to provide feedback to the management team about their experiences and the service provided a range of accessible ways to do this.

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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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.

- The registered manager and management team promoted a culture of high-quality, person-centred care to achieve exceptional outcomes for people. People using the service, relatives, staff and external professionals all confirmed this when we spoke to them. Support plans considered the physical, emotional, social and spiritual aspects of a person's life. Opportunities for people to enhance their well-being were available and links with the local community were strongly established.
- People, relatives and visiting professionals told us the service was exceptionally well managed and that people were at the heart of the service. There was a clear goal which was demonstrated by all staff, to achieve the best possible outcomes for the people using the service.
- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. Well-being calls were made to staff each day when they were at work which meant staff felt supported and cared about. One staff member said, "The managers here have been very supportive towards me. I'm so grateful for all the support they [managers] gave me. I love my work and I really enjoy being part of the Linkage team. They have really helped me to develop my care skills over the years. The job can be very challenging, but it is extremely rewarding."
- The culture of the service was exceptionally caring and focused on ensuring people consistently received person-centred support which met their needs in a timely way. The provider worked with people and staff to develop company values. The identified values were Independence, Respect, Honesty and Team work. These values were promoted throughout the service at every level and it was evident staff put these values into practice. Staff had spent time developing a list of words which represented each value to them. Future plans were to do the same process with people using the service to take their views into account and to ensure they felt involved in the process.
- People were supported in a very sensitive way. Feedback from people and their relatives was overwhelming positive and evidenced people felt included and listened to. Staff worked in ways to promote people's independence and considered least restrictive ways of working to enable people to maintain their independence and live the life of their choosing.

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

- Staff regularly reflected on their practice to deliver service improvements. The registered manager understood their responsibilities in what had to be reported to the Commission. The registered manager told us, "We can learn from our mistakes and use them to develop a way of providing an outstanding service."

- Staff understood their roles and responsibilities. They were proud to work for the provider. Comments included, "I realise what a fantastic company Linkage is and how they look after their staff and clients. Linkage is an all-round amazing company."
- Responsibility and accountability was demonstrated through the use of audits which were thorough and questioning. The documentation we viewed during the inspection was of a high quality. An action plan was devised for any area of development to ensure the continued improvement of the service.
- Systems were in place which were highly effective in providing oversight of what was happening in the service. The provider's operation manager told us, "There has been a complete revamp of our corporate quality assurance system so that it is aligned with CQC's key lines of enquiry (KLOE). There's a drive to make sure that everything on the KLOE's are in place and being delivered to a high standard."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People, relatives and staff were empowered and encouraged to voice their opinions. People were fully involved in decisions regarding their lives and were empowered to develop their independence. This included ensuring people who wanted to be were registered to vote in local and general elections. Comments included, "They [staff] ask me my opinion about the care and support I receive. They [staff] help me to complete questionnaires when they are sent out and I do feel staff listen to me. The staff help me to be independent." A relative told us, "They [managers] are very efficient indeed."
- An 'Empowerment Programme' to share information with people was planned. The purpose of this was to share information to increase the confidence and knowledge of people using the service in areas including safeguarding, MCA and how to complain.
- The provider regularly sought the views of people. Feedback was always responded to and relevant actions taken. Accessible ways to share information were available, such as easy read questionnaires. Engagement opportunities included 'residents' meetings', 'relatives' meetings' and interviews with people.
- The protected characteristics of people were a standard agenda item on team meetings and staff supervision sessions. Staff worked proactively to ensure people were involved in their local community and any discrimination people faced was challenged. Links were established with the National Centre for Diversity to improve outcomes for people.
- Where consent had been granted, staff kept in regular contact with people's relatives to share information and reassure them of people's safety.
- The service and provider sought to ensure people experienced the best possible outcomes through following best practice guidelines. This included consultation with health and social care professionals to meet people's needs. The provider arranged meetings within the company to share areas of value-based good practice, this demonstrated a desire to continually improve support.
- There was a strong emphasis on continually striving to improve and the performance of the service was under constant review. Managers and staff reflected and reviewed their practice with a desire to be constantly improving as ultimately this would improve the quality of life of the people using the service.

Working in partnership with others.

- External health and social care professionals were extremely complimentary of the service and the support provided. Comments included, "The registered manager is open to constructive discussion to best support service users" and "[Name of staff] leads by example and will work at any level of care to support people."
- Systems were in place to show people and staff they were valued. People were nominated to receive a 'Star of the Month' award for an achievement they had made and staff were nominated for an 'Employee of the Month' award. This was designed to say thank you and well done to people and staff within the organisation. Nominations were encouraged from any individual if they felt an award was deserved.