Linkage Community Trust Limited(The)

Linkage Community Trust 168 Wetmore Road

Inspection report

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Ratings

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

Overall summary

We inspected this service on 16 October 2015. This was an announced inspection and we telephoned the provider on the day of our inspection to ensure we had an opportunity to speak with people who used the service. Our last inspection took place in August 2013 and at that time we found the provider was meeting the Regulations we looked at.

The service was registered to provide personal care for people. Six people with a learning disability were supported by the provider in their own home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People chose how to spend their time and staff sought people's consent before they provided care and support. Some people had door alarms fitted in their home to alert staff to when they entered or left a room but this may not be the least restrictive way of keeping people safe. You can see what action we told the provider to take at the back of the full version of the report

People told us they were supported to develop their independence and were provided with opportunities to develop their interests and join in social activities. People knew how to report concerns and staff knew how to keep people safe and supported people to understand risks. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

People were supported to be responsible for their medicines and accessed health care where needed when they were unwell or had concerns. People knew why they needed their medicines to keep well.

People received an agreed level of staff support at a time they wanted it. People were happy with how the staff supported them. The staff received regular training that provided them with the knowledge and skills to meet people's needs.

People were able to choose who to develop and maintain relationships with and visited their families and friends. People were treated with kindness and respect and staff promoted people's independence and right to privacy.

People were helped to prepare and cook their own meals and people were responsible for shopping and planning their meals. People could choose their own food and drink and were supported to eat healthily.

People told us they could choose how support was provided and they were involved in the review of their care. There were systems in place to monitor the quality of the service and plan on-going improvements. Staff listened to people's views and people knew how to make a complaint or raise concerns.

Summary of findings

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.

People knew how to stay safe and staff provided them with the support to reduce the risk of harm. Where people may have been harmed, staff had made safeguarding referrals to ensure people were protected from further potential abuse. There were sufficient staff to meet people's agreed support needs and recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

Good

Is the service effective?
The service was not always effective.

Staff sought people's consent when providing support although where people may lack capacity; decisions were not always made to ensure people were supported to be safe in the least restrictive way. Staff received training to meet the changing needs of people and supported people to plan and prepare meals.

Requires improvement

Is the service caring?
The service was caring.

People told us they were supported by staff who were kind and caring, respected their privacy and promoted their independence. People were encouraged to be independent and staff helped and guided people to make choices about their care.

Good

Is the service responsive?
The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concern and staff responded to this to improve the support they received.

Good

Is the service well-led?
The service was well-led.

People were happy with the support they received and were asked how they could improve the support and service. Staff told us they were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2015 and was announced. We contacted the provider before our inspection because the location provides a domiciliary care service for younger adults who are often out during the day, and we needed to be sure that someone would be in. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with two people who used the service, one relative, three members of care staff and one social care professional. We also received written comments from one person who used the service. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People told us that they were involved in the assessment and review of their risks. One person told us, "The staff are helping me with road safety and using buses. They stand back and let me do it alone and leave me in charge. I want to be more independent and want to do more by myself. When I get better at doing things we talk about it and I get to do more." People told us that the staff helped to keep them safe. One person said, "I'm sometimes on my own in my house but I have a red button I can press if I'm worried or want help. The staff would always come if I need them. I don't mind being on my own though."

Staff understood how each person wanted to be supported and their associated risks. One member of staff told us, "We help people with their independence. This also means letting people take risks. We do a lot of support with people so they can learn to become more independent and cross the road safety and get to college. It's important for people to learn to do this safely."

People were helped to understand what potential abuse was and how to report it. One person told us, "I know what to do if someone is being mean. I talk to the staff or my family. We talk about keeping safe." Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were reported to the registered manager and local safeguarding team and we saw concerns had been investigated. We had received a copy of notifications relating to safety, although we saw some notifications had not been sent to us. The deputy manager agreed these needed to be sent to us as required by the provider's registration.

When new staff started working in the service, the staff told us that that recruitment checks were in place to ensure they were suitable to work. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. One member of staff told us, "It took ages for everything to come back and I wasn't able to start until they knew everything was okay."

People told us they were satisfied with the frequency of staff support. One person told us, "I like the staff being around when I need them, but it's time for me to do more on my own and be more independent." The staff told us the support provided took into account the activities during the day in people's homes and in the community. The level of support was reviewed with the person and people who commissioned the service to ensure it continued to meet people's needs and we saw the agreed support was provided.

People told us their medicines were stored in their bedroom and staff supported them to take it. One person told us they had visited the chemist to get their medicines and knew why it had been prescribed. One member of staff told us, "Every time I help people to take their tablets, I say what it's for so people know." The staff demonstrated a good knowledge of what medicines people needed and why they were required.

Requires improvement

Is the service effective?

Our findings

Systems were in place to protect people's rights if they did not have capacity to make important decisions about their health and wellbeing, although we saw this was not always followed. The Mental Capacity Act 2005 sets out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves.

During the night, three people who used the service had door alarms fitted or sensor mats were used to alert the staff to when people left their bedroom or entered the kitchen. We were not able to speak with people about the use of this equipment. Two members of staff told us that if the alarm was activated they would visit people in their home to ensure they were safe. The kitchen door was alarmed as staff were concerned about the use of kitchen equipment and also about one person having access to food during the night and therefore not maintaining a healthy diet. The staff told us that these people may lack the capacity to make a decision about the use of this equipment and agreed that this practice may also restrict people. We spoke with a social care professional who confirmed that this may not be most least restrictive practice for the people who used the service.

The staff told us that some people were supported to make decisions through a Deputyship, as a member of their family had applied to be their deputy. A Deputyship enables people who are authorised by The Court of Protection, to make decisions on their behalf. The staff had not seen a copy of this authorisation and were unclear what decisions the deputy could make. This meant decisions may be made by people who did not have appropriate authorisation.

The above evidence shows that there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed that staff sought their consent before they provided support and staff told us that people had the ability to make everyday decisions about their care and support. Two people had been assessed as not having the mental capacity to understand and manage their finances. We saw a best interest decision was made with people's family and professionals and recorded how decisions had been made in relation to financial arrangements and whether to enter into a tenancy agreement.

Two people told us how they were supported to have access to health care services, including G.Ps and dentists. One person told us, "If I'm not well, I can go to the doctors or stay in bed. I don't have to have staff with me at the Doctors. They help me to get there but I can see them on my own or can go with my family." The staff received training where any health need was identified. A member of staff told us, "We have the learning disability nurse provide training for early on-set dementia and people with learning disability. We need to keep up our knowledge so we can support people well."

People told us they were happy with how staff provided support and how they were trained. One person told us, "The staff have training so they know how to support me and keep me safe. They know how to help me to cook and be more independent." People were supported to prepare meals in their home and one person told us, "I'm good at cooking spaghetti Bolognese. The staff watch and let me do the meat and the cooking." A relative told us, "I'm very pleased with how the staff provide support. They include us in everything too. The quality is excellent."

Staff told us all the training they received gave them the skills to meet people's needs effectively. A member of staff told us about how they were completing an induction in to the service. They told us they were completing the 'Care Certificate' which meant they were being trained to ensure they had the knowledge and skills to provide care to people using the service. One member of staff told us "It's been really useful and helped me to know what I should be doing and how to do it well." We saw that when people need to support to move or to be involved with the inspection this was provided.

Good

Is the service caring?

Our findings

People told us they liked living in their home with staff supporting them. They told us the staff were kind and caring. One person said, "The staff know and like me. They make me feel important and I know I'm in charge of what I want to do. I know I can trust the staff." One member of staff told us, "We go the extra mile here because we are here for people. We support people to go on holiday on a voluntary basis and help people to see their family and keep in touch. With holidays we aren't paid to go but we know how important this is for people, so we do it because we care." The staff we spoke with told us they understood people's care needs and spoke knowledgeably about how they were able to support people. One member of staff told us, "We are all here because we care. This isn't just a job for us; we enjoy supporting people and sharing experiences."

People told us they could make choices and decisions about their care. One person told us, "I get to decide what I want to do and when. The staff know I'm in charge and stand back so I can be in charge." We observed there was a good respectful and friendly rapport between staff and people who used the service. The staff were patient and kind when supporting with people's needs.

People told us their privacy and dignity were promoted and respected. When visiting people in their home, staff telephoned people to seek permission and upon arrival waited at the front door to be invited in. One person confirmed, "I share a house with friends and staff help us. I know it's my house and the staff always knock on my door and they don't come in until I tell them to". One person told us, "I can have friends and family to visit. I like to make friends."

We saw that people's independence was promoted and staff supported people to maintain their independent living skills. People spoke with us about how staff supported them to cook and be responsible for their home and manage their finances. One person told us, "I know how much money I have and when I go shopping the staff leave me to pay, so I can do it myself."

Staff respected people's privacy and were aware of the need to maintain confidentiality and securely maintain records. One member of staff told us, "People keep their own records in the room and they can look at them at any time. If people need assistance we talk it through with them to make sure they understand."

Good

Is the service responsive?

Our findings

One person who wanted to start using the service was visiting one of the homes where the provider offered personal care support. We spoke with one person who told us. “I think they seem pretty cool. If people want to move in with us, we always meet up and the staff ask us what we think. I know the staff listen, so if we didn’t like them, they wouldn’t move in with us.” Staff confirmed that compatibility meetings were arranged with new people to ensure the service provided was suitable. One member of staff told us, “It’s important that people have an opportunity to meet and get to know each other before they make a decision, it’s not only about our assessment of their needs. This takes however long it takes. We need to get it right for people.”

People chose how to spend their time and were involved in a range of activities according to their interests. People were supported to go to a local college and worked as a volunteer in local Charity Shops and at an animal rescue centre. People spoke enthusiastically about their work and leisure activities. One person told us, “I like to go out. We’re going to the pub tonight. We go out to eat and watch sports. The staff help me when I’m out to stay safe. I can stay in when I want to I like my room here.” A relative told us, “The staff are excellent. They help [person who used the service] to go and not be so isolated. I can’t praise them enough.”

People told us they had a support plan which they kept in their room and told us they had been involved in how this was developed. We saw the support plans were personalised to each individual and contained information to assist staff to provide support. One person told us how they were supported with their finances and we saw this was explained within the care records and reflected how the person described their support.

People told us their support plan and care was reviewed with them. One person told us, “I have review meetings and can invite who I want. We talk about what is going well and what I want to change. If I have any problems I talk to the staff at any time, I don’t wait.” We saw that the care records were reviewed regularly or when people’s needs changed. One member of staff told us, “We are a small team of staff and work closely together. We know people really well and this helps us to support them the way they want to be supported.”

People we spoke with and their relatives told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us about an incident where they were unhappy. They had raised it with the manager and it had been responded to. The person was comfortable to discuss their concern with us and staff and told us how their support had changed as a result. People had access to advocacy services to support them to make decisions or raise concerns. One person told us, “I know there are people who can help me, but I don’t need any help at the moment. I just say.” One relative told us, “If I had an issue I would raise it directly with staff. They are very good at listening,” The provider maintained a copy of complaints and any action that had resulted from the investigation.

Good

Is the service well-led?

Our findings

The service had a registered manager who was also the registered manager of another service within The Linkage Community Trust. People we spoke with knew the manager and told us they visited them and asked them if they were happy. Staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people who used the service. There were two deputy managers who provided the day to day leadership and support to the staff. A member of staff told us that the manager was approachable and provided support when they needed it. They told us, "Even if she's not here, we can contact her for support, She's only ever a phone call away and we have the on call manager for back up too if there's an emergency."

The provider completed an annual survey of the views of people who used the service, relatives, staff and professionals and the results of these were incorporated into the annual quality assurance report. The report was not service specific and it was not possible to determine if any improvements were needed as the report covered all the services provided by The Linkage Community Trust. The Deputy manager informed us that any specific issues relating to this service were addressed on an individual basis. One relative told us they were confident that any concerns would be addressed by the provider and told us, "It's an impressive service."

People told us they were spoken with and asked their views. We saw a number of audits had been completed to assess the quality of the service provided. These were completed by the manager or a manager from within The Linkage Community Trust. Staff told us that this meant, "A fresh pair of eyes could review how the support was provided and the records were completed." The audits included checking people's care records and staff files to ensure that they contained the necessary information, reviewing accident and incidents and safeguarding referrals. Where issues had been identified from these audits, the manager took prompt action to rectify these. Where concerns were identified these were recorded for action and staff told us they were responsible for making necessary changes and improvements.

Staff told us that they were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues relevant to their roles. During these meetings, staff told us they were able to discuss how to improve the service and the support provided and raise any concerns. These meetings were also used for updates for training and to ensure staff knew of changes within the service. One member of staff told us, "It's good to get together as a team and go through things. You don't always have time at work so we get a lot out of them."

Staff we spoke with knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers. One member of staff told us, "We are a good team and would always report something that was wrong." Where concerns had been identified through the whistleblowing procedure we saw action had been taken and staff were supported and protected. Another member of staff told us, "I wouldn't worry about sharing information. I trust the managers would do the right thing."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person failed to act in accordance with the Mental Capacity Act 2005 Act where service users were unable to give such consent to care and treatment because they lacked capacity to do so.