

Linkage Community Trust

Scremby Grange

Inspection report

Scremby
Near Spilsby
Lincolnshire
PE23 5RW

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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:

Scremby Grange is registered to provide accommodation and personal care for up to 17 people who have a learning disability and/or autism. The service supports people with complex needs and who need extra space and care to be able to fulfil their potential. The service is set out as a main house and seven individual bungalows. There were 14 people living at the service on the day of our inspection.

People's experience of using this service:

Scremby Grange had been designed and developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence.

The service applied those principles and values and other best practice guidance. The outcomes for people reflected this. 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. People's rights under the Mental Capacity Act (2005) were respected and upheld.

People told us they felt safe living at Scremby Grange. Staff understood how to protect people from the risk of abuse and plans were in place to minimise any identified risks to people's health and well-being. People received their medicines as required.

There were enough staff, who were well trained and supported, to make sure people received the personalised care and support they needed. People had access to healthcare when they needed it and staff sought advice from and worked closely with specialist health services wherever it was appropriate. People were encouraged to have a varied and balanced diet to help them stay healthy.

The registered manager and staff knew people well and treated them with care and respect. People were involved in planning and reviewing their care wherever they were able to be. The registered manager and staff worked creatively with people in order to provide opportunities for people to develop their life skills and independence.

Systems were in place to monitor the safety and quality of the services provided for people. Actions were taken, and any improvements needed were made quickly when required.

The registered manager promoted an open and inclusive culture where people, and the staff who supported them, could express their views and opinions and be involved in the running of the service.

Rating at last inspection:

At the last inspection we gave the service a rating of 'Good' (published 02 October 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Scremby Grange

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 was carried out by one inspector.

Service and service type:

Scremby Grange is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The registered provider was given a short period of notice before we undertook our inspection visit. This was because people often went out into the community to take part in activities or to visit their friends or relatives. We therefore needed to be sure that they, the registered manager and staff would be in.

What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about).

The registered provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection visit we spoke with six people who lived at the service. We also spoke with the registered providers operations manager, the registered providers head of supported employment, the registered manager, one of the deputy managers, seven of the care staff team and a visiting external health care professional who regularly worked with the service.

We reviewed specific parts of three people's care records and the arrangements in place for the administration of medicines. A variety of records related to the management of the service, including the registered providers recruitment processes and operational policies and procedures were also reviewed.

After the inspection:

Following our inspection visit we spoke with three relatives of people who lived at the service by telephone to seek their views of the care being provided to their loved ones. In addition, we spoke with the registered providers director of care and independence.

We also continued to seek clarification from the registered manager to support and validate the evidence we found during our inspection. The registered manager provided us with a range of additional audit and quality assurance information as part of this process.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Scremby Grange. One person said, "Yes, I feel safe as houses." Another person nodded, smiled and said, "Yes I do feel safe."
- Staff told us, and records showed staff had received training in safeguarding procedures.
- The registered manager and staff demonstrated their understanding of how to identify and report any situation in which they felt a person was at risk of harm or abuse.
- Records showed the registered provider and manager had worked with the local authority safeguarding team to investigate and resolve any issues of this nature

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had been assessed and management plans had been developed to minimise the risk of harm occurring. The identified risks were regularly reviewed.
- The registered manager told us how management plans continued to be developed to minimise risk whilst still enabling people to retain a level of independence.
- Staff were aware of situations where people may be vulnerable to risk and followed the management plans that were in place.
- For example, one person had chosen to make their own hot drinks using their kettle. We saw staff had ensured the kettle had been set up, so it could be used safely and independently by the person without risk.
- Everyone who lived at the service had a personalised evacuation plan in place to minimise risks in the event they had to leave the building in an emergency.
- A schedule of fire drills were carried out regularly so that people would know what to do in the event of a fire.

Staffing and recruitment

- The registered manager and staff we spoke with told us that staffing levels were identified through assessment and review of people's needs, and that rotas were planned and set out, so staff knew when they were required to work.
- Staffing rota information, we looked at showed staff were being deployed effectively, with a mix of skills and experience across each shift, including when changes were needed.
- When it had been required, any rota changes were supported, wherever possible by the use of consistent agency staff to ensure staffing could be maintained at appropriate levels whilst giving continuity for people.
- An ongoing recruitment programme was in place, which the registered manager used to enable the safe and timely recruitment of staff. Checks had been made with the Disclosure and Barring Service to show applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

- A process was also in place to ensure references were requested to provide assurance about staff members previous employment.

Using medicines safely

- Where people needed support with their medicines, this was provided safely and in line with good practice, national guidance and people's individual needs and preferences.
- Medicines were safely stored, and records showed that staff were trained to administer medicines safely.
- Staff we spoke with demonstrated their understanding of good practice. We also noted that staff responsible for supporting people with medicines were trained to administer emergency medicines which people may need if they had an epileptic seizure.

Preventing and controlling infection

- During our inspection, we observed that all areas of the service were well maintained, clean and tidy.
- Staff demonstrated their understanding of the principles of infection prevention and control and had received training about the subject.
- We observed, and people told us they were encouraged to be involved in helping to keep their private spaces and the service clean and tidy.
- There was easy read information around the service, which people could access for themselves to help people understand how to prevent and control the risk of infection.

Learning lessons when things go wrong

- The registered persons had ensured that arrangements were in place to analyse any accidents, near misses and concerns they identified so that they could establish how and why they had occurred.
- The operations manager and registered manager told us how they had undertaken a review of incidents which had occurred at the service. This was completed to enable them to consider staff learning and how they might best respond to any future incidents, particularly those involving the need for interventions from staff in order to keep people safe.
- The work undertaken included confirmation that the registered provider and manager had continued to develop their approach to interventions to support people when they became distressed. This was through the use of an approach based on 'Positive behaviour support (PBS).'
- The registered manager told us how from January 2019 they had collaborated with external healthcare professionals and a PBS Coach who worked alongside staff and people to further develop skills and interactions with the aim of improving on individuals lives.
- Describing the benefits of this approach the registered manager told us, "There have been some clear benefits for people since this has been put into place."
- Examples of positive outcomes given included one person wanting to spend less time in their room, eating more regular meals and engaging in more leisure activities with staff and their relatives.
- Another example related to the changes agreed to enable one person to take their medicines at a time and in the way, they preferred and that this had helped improve the persons health and well-being and significantly reduce the risk of incidents involving the person.

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 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 assessed when they moved into the service and assessments were kept under review to ensure their needs continued to be met.

Protected characteristics under the Equalities Act 2010 were identified as part of the assessment. This included people's needs in relation to their culture and religion.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The registered manager and staff used best interests' procedures to ensure people who were not able to make a clear decision for themselves were supported in the right way.

- 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.

- At the time of this inspection, eight people were subject to DoLS authorisations and four further applications had been submitted to the local authority by the registered manager. The conditions of the authorisations already in place were being met and the registered manager had ensured that the arrangements in place were monitored and regularly reviewed.

Staff support: induction, training, skills and experience

- The registered provider maintained a comprehensive induction programme for new staff. This included a range of corporate mandatory training, which all staff needed to complete and the Care Certificate which sets out common induction standards for social care staff.

- Where appropriate staff had also been supported to undertake nationally recognised qualifications in care.

- Staff told us following their induction they had access to a programme of on-going training designed to help them support people in the right way. They said this was through face to face and computer-based methods.

- The training programme in place was aimed providing additional skills to staff in subjects aligned to the people they supported such as communication, autism, epilepsy and behaviour management. Staff

demonstrated their clear understanding of these subjects when we spoke with them.

- In addition, staff had received effective equality and diversity training and through our observations and discussions with them, staff demonstrated a good understanding of the diverse needs of each person and how they should be met.
- Staff had regular opportunities to meet with the registered manager. They told us they were able to discuss their training and development needs and any work-related issues they had.
- Information we reviewed confirmed formal team meetings were held every other month with records retained so that anyone not able to attend could access these to catch up on any information they may have missed.

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

- Staff demonstrated a clear understanding of people's dietary needs and preferences. We saw how they worked with those who were important in people's lives, such as family members and healthcare professionals to ensure people ate and drank enough to stay healthy.
- People told us they enjoyed their food and drinks and that they were encouraged to eat healthily. We saw that they were involved in planning menus, choosing and shopping for the food they wanted to eat, and helping to cook their food as independently as people wanted to and were able to.
- One of the staff team was the services 'health and well-being champion'. The registered manager told us how this role had been used creatively to support people to have access to healthy food options, offering a variety of different cuisines.
- They told us they also planned to set up an evening a month, so people could devise shopping lists and go shopping to purchase their ingredients, prepare, cook and enjoy different tastes of the World.

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

- In their PIR the registered manager told us that people were offered the opportunity to have a key to the front door of their room or bungalow, that people personalised their living space in the way they chose and that a maintenance team was employed to ensure the accommodation was being maintained in the right way.
- During our inspection we observed this was the case. In addition, people told us they were happy with their individual and communal environment and showed us they were able to access all areas of the service including the garden areas.
- In addition, the registered manager told us how one staff member had taken on the role of 'homeliness champion'. This had involved the staff member spending time with individuals to help further personalise people's personal space and to enable people to choose new furnishings for the service's communal areas.

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

- Records showed that people had been supported to meet their healthcare needs with visits to, for example, their GP, chiropodists and hospital consultants when required.
- Staff demonstrated an understanding of people's physical and mental health needs and how best to support them.
- We saw that the registered manager and staff worked closely with health and social care professionals to help people achieve their chosen goals.
- We spoke with a visiting healthcare professional who told the registered manager and staff had developed strong professional working relationships with them and that this had led to positive outcomes for the people who lived at the service.

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 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

- People told us, verbally and through their preferred method of communication, that they felt well cared for and were treated with respect and kindness by the registered manager and staff.
- A relative told us, "The manager and staff are very caring. My relative was ill recently and the manager kept me updated all through the hospital appointments being attended and afterwards."
- The registered manager and all of the staff we spoke with knew people and their needs very well and we observed staff communicating in ways people preferred and that their interactions were both caring and understanding.
- Staff took the time needed to ensure people were listened to and supported in line with their individual 'planned for' needs.
- Throughout the inspection we saw staff maintained a person-centred focus on the people they supported.
- People were relaxed with, and actively sought out the company of the registered manager and staff so they could share information with them, tell them about where they had been and what they had planned to do.
- People were supported to project their personal identities by wearing the clothes they had chosen to wear and follow any particular fashion they were interested in. One person had planned to go out to a nail bar to have their nails manicured. Another person proudly showed us they had grown a beard and said they liked it. Whilst showing us their room one person commented, "The staff are friendly, and they help me be me. The staff do good care for me."
- This approach, which the registered manager told us was being further developed, enabled people to be themselves and go about their daily lives in the manner they wished to.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible.
- People were encouraged to make their own decisions and choices. For example, people chose what they wanted to do with their time and what they wanted to eat. Staff respected people's right to change their minds and supported them flexibly, so they were able to alter any arrangements they had made to suit them.
- Easy read documents and picture cards were available to help people who needed support to make informed decisions and choices.
- People told us they were encouraged to regularly discuss their care with staff. Their views and decisions they made were recorded in their care notes and acted upon.
- Most people had family, friends or solicitors who could support them to express their preferences. In

addition, when needed, records showed that the registered manager had liaised with people's relatives on a regular basis to ensure people's needs were met.

- The registered manager also told us if people needed any additional help in communicating their views, they could be supported to access information about lay advocacy services and confirmed they understood how to enable people to make contact with these services if needed.
- Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.
- The registered manager gave us an example of how a lay advocate had supported one person to communicate their wishes through the review process and that this had led to an agreement to maintain the arrangements in place to celebrate Christmas, including keeping decorations in place so that the person could enjoy these for themselves when they returned from staying with their relatives.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respected people's right to independence and that the registered provider and manager promoted this approach.
- The registered providers head of supported employment told us how people were supported to attend further education and develop skills to enable them to access a wide range of work experience and paid employment.
- People told us staff helped them to maintain their dignity and we observed people were supported to talk with staff in private whenever they needed to. People showed us they could have keys to their rooms and their bungalows when they wanted them and said that staff respected their choice not to be disturbed if they wanted to be on their own.
- The registered provider had policies and procedure in place regarding the importance of maintaining confidentiality, which staff demonstrated they understood. One staff member described how the staff team worked to ensure information was only ever shared with external professionals on a need to know basis and that confidentiality regarding people's personal information was always maintained.
- In addition, we saw that care records were securely stored, and computers were password protected.

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 Good. This meant 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

- Each person who lived at Scremby Grange had a care plan which set out their needs and guided staff about how they should support those needs.
- Care records were easy for people and staff to access, were detailed and up to date, both in the assessment information they contained and the information about how the individual needs of people should be met.
- The records were reviewed regularly and staff we spoke with were knowledgeable about what the records contained and their understanding of people and their needs as individuals.
- In addition to voluntary and work placements people undertook, staff also supported people to engage in a wide range of individual and group activities and hobbies that interested them. For example, during our inspection people told us they liked to go swimming, horse-riding and to the theatre. One person was interested in a pop group that they followed and showed us their room had been highly personalised to reflect this interest. Another person was interested in science fiction films and showed us they had been supported to maintain their interest.
- People and relatives told us how they maintained strong family links and spent time together outside the service whenever they chose to.
- One person was supported by staff to travel to the airport to meet their relative, so they could fly back to their home together and that they looked forward to each trip.
- Each person had a keyworker with whom they spent time discussing and reviewing their needs and life goals.
- One person had been supported to explore options for increasing opportunities for them to access and use different communication methods in order to identify their life targets.
- A review was also used to agree how staff could increase the level of social activities the person was interested in. This was in line with the person's individual preferences.
- The registered provider and registered manager were aware of the Accessible Information Standard (AIS), which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. They had developed a policy detailing how they would meet its requirements. Information about the service was available for people in words and pictures to help them fully understand what it meant and how they could use it.

Improving care quality in response to complaints or concerns

- People indicated through their preferred method of communication, that they would speak with the registered manager or staff if they had any concerns or complaints to make.
- We saw that where concerns were raised by people they were responded to and addressed informally wherever possible.
- The registered provider had a formal complaints procedure which the registered manager and staff

followed.

- The policy was available in an easy to read format so that everyone could access it. Since our last inspection, one formal complaint had been recorded and managed in line with the registered provider's policy.
- The registered manager confirmed they had received one formal complaint in the last twelve months and described the actions they had taken to address to concerns raised.

End of life care and support

- The registered manager had arrangements in place to work with people, and those who were important to them, to plan what they wanted to happen at the end of their life.
- The registered manager and staff knew people well and acknowledged that some people found the subject too sensitive to discuss. They told us how they would continue to offer people the opportunity to discuss their plans in their own time and that any relevant information regarding their wishes would be recorded and maintained for reference.

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 Good. This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had in place a clear vision and a set of values which reflected the principles of high-quality person-centred care. The registered manager and staff demonstrated their understanding of those visions and values.
- A new manager had registered with CQC since the last inspection.
- The registered provider had ensured they had communicated the change in manager to people, relatives and staff and were available to respond to any questions raised about the change.
- We observed the registered manager and her management team were visible both to the people who lived at the service, visitors and staff. Communication was open and transparent, and we observed staff and people openly approaching the registered manager and senior staff for information, guidance and support whenever this was needed.
- Relatives we spoke with told us the registered manager had developed good communication methods with them which were being well maintained. One relative commented, "I receive telephone and email contact from the manager which keeps me up to date. Linkage have a newsletter which I receive a copy of and I know the senior managers well. I have no issues with the arrangements currently in place."
- Two other relatives told us informal communications worked well but that this might be improved through the implementation of a more structured arrangement, so that any information which needed to be shared could be completed just before they visited their loved one. With the relative's permission we shared their feedback with the registered manager who took action to make contact with the relatives and agree a strategy for all future communication.
- Staff we spoke with told us the registered manager was supportive and that they promoted a culture based on team work and openness.
- Staff said they felt assured any issues or concerns they raised would be responded to directly or if needed escalated as appropriate through to the registered provider.
- Staff were also aware of the registered provider's whistleblowing policy and how to access this.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered provider had systems in place to gather people's views about the quality of services they received, such as the use of surveys. Records showed the outcomes of surveys were used to develop and improve the services provided for people.

- People told us they had weekly house meetings together with staff where they were able to plan activities and menu preferences and to share their views on other aspects related to how the service was run.

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

- The registered provider had effective systems in place to monitor the quality of the services provided.
- Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety. Action plans were in place to address any shortfalls identified by the audit process.
- We looked at the latest action plan, which confirmed all of the actions identified as needed were either completed or in progress toward completion.
- In addition, the registered persons had provided information to CQC to highlight lessons learned and follow-up actions completed and planned as a result of a review of service operations.
- The registered manager attended a local adult social care network meeting which kept them up to date with good practice and service development. They also attended regular meetings with other managers within the registered provider's organisation to enable shared learning.
- The registered manager and staff had continued to maintain positive working relationships with other agencies who were involved in the lives of the people who lived at the service.
- These included local health services, local authority commissioners and local safeguarding teams.