

Linkage Community Trust

Rosslyn

Inspection report

41 Alghitha Road
Skegness
Lincolnshire
PE25 2AJ

Tel: 01754767106
Website: www.linkage.org.uk

Date of inspection visit:
19 February 2019

Date of publication:
30 April 2019

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:

Rosslyn is a care home situated in the seaside town of Skegness, Lincolnshire. The home can accommodate up to 10 people who experience learning disabilities and/or autistic spectrum disorder. The accommodation is made up of two adjoining houses with each house being able to accommodate five people. On the day of the inspection 10 people were living in the home.

Rosslyn worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

- Tailoring care and support to meet individual needs was at the heart of the service. Staff were flexible and creative in the way they supported people to overcome issues that may otherwise restrict their individual lifestyles.
- People were happy and comfortable living at Rosslyn. They were treated with care and thoughtfulness by staff who understood their needs, wishes and preferences in detail.
- People's privacy and dignity was respected and they were supported to make their own decisions and choices wherever they were able to do so.
- Staff understood how to keep people safe whilst enabling them to develop their independence and achieve their life goals.
- People enjoyed a varied and active social life and were encouraged to follow their chosen interests.
- There was an open and inclusive culture within the home. People expressed their views and ideas and were fully involved in planning and reviewing their own care.
- Staff were well trained and supported to meet people's individual needs.
- Systems for monitoring and improving quality and safety were maintained.

Rating at last inspection:

Rosslyn was last inspected on 13 July 2016 (report published 6 September 2016) and was rated as good overall with an outstanding rating for the responsive section of the report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

At this inspection we found the evidence continued to support a rating of good overall with an outstanding

rating for the responsive section of the report. More information can be found in the 'Detailed Findings' below.

Follow up:

We will continue to monitor intelligence we receive about Rosslyn until we return to visit as per our reinspection 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?

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.

Rosslyn

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:

This inspection was carried out by one inspector.

Service and service type:

Rosslyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection was announced. We gave the manager a short period of notice because people who live there were often out at work or engaging in leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form

that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about.

We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

We spoke with five people who lived in the home and observed how staff interacted with them. We also spoke with the registered manager, the deputy manager and two of the care staff. Following the inspection visit we spoke with the registered provider's operations manager.

We looked at the care records for two people and we looked around the premises with two people who lived there. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incidents information.

Is the service safe?

Our findings

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

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

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

- People told us they felt safe living at Rosslyn. One person said, "I moved out and came back because I feel much safer here." Another person told us, "I'm very safe here thank you. They [staff] keep me safe."
- Staff were aware of what to look for and understood what action to take if they thought someone was at risk of abuse. A staff member said, "Safety is all important."
- The registered manager and staff completed regular training about how to keep people safe and there were clear policies and procedures in place. Records showed that policies had been followed when any safeguarding concerns had been raised.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and welfare had been assessed and management plans were in place where required. The plans were regularly reviewed with people to ensure they were up to date and continuously met people's needs. One person told us, "I need help crossing the road; staff help me to do it safely. It's in my file."
- Staff were aware of the risks that affected people's lives and were knowledgeable about the plans in place to minimise those risks.
- Staff followed good practice guidance and care plans to help people manage behaviours that may present a risk to themselves or others.
- Risk assessments for the environment were in place and the registered provider ensured that regular safety checks were carried out; for example, gas boiler servicing and fire system servicing. However, we noted one person who lived at Rosslyn liked to prop the living room door open with a wedge. Immediately following the inspection visit the registered manager informed us that a door guard had been fitted to enable the person to prop open the door in a safer way.

Staffing and recruitment:

- There were enough staff employed to make sure people's needs were met. Some people had one to one support for a specific number of hours during the week. This enabled them to develop their personal and social skills.
- The registered provider continued to operate a safer recruitment process. This included the appropriate pre-employment checks and face to face interviews.

Using medicines safely:

- Arrangements for the ordering, storage, administration and disposal of people's medicines were in line with good practice and national guidance. No medicines errors had been recorded within the previous 12 months.
- People told us they received their medicines at the correct times and in the ways they preferred. We saw staff followed good practice guidance when administering medicines.
- Records showed and staff told us they were trained to manage medicines in a safe way, including the use of emergency medicines for needs such as epilepsy.
- People's medicines were reviewed regularly by their GP or specialist consultant. The registered manager explained how national initiatives such as STOMP (Stopping over medication of people with a learning disability, autism or both) were used to support people.

Preventing and controlling infection:

- On the day of the inspection visit the environment was clean and had a fresh smell.
- Staff received training about how to prevent and control infections and personal protective equipment was available for their use.
- The registered manager attended local infection control meetings and we saw that she shared any new and updated information with the staff team. Regular audits were carried out to check that good practice was maintained.
- There was information available around the home about the prevention and control of infection such as effective hand washing.
- We saw people being supported to do their own laundry which helped to reduce the risk of cross infection.

Learning lessons when things go wrong:

- Accidents or incidents were regularly reviewed to help identify any learning that may help to minimise the risk of them happening again.
- Where learning points were identified, the registered manager shared them with the staff team and people's care plans were updated to reflect any changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed before they moved into the home. One person told us how they had visited for meals and met everyone before they moved in. They said during this time staff had asked them about their life, things they liked to do and how they wanted to be supported.
- Records showed that staff worked closely with others who were involved in people's lives to ensure the placement was right for the person and could offer them the life they wanted.
- 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.
- Staff completed training in equality and diversity and understood how to support people where any needs or wishes were identified.

Staff support: induction, training, skills and experience:

- The registered provider maintained a comprehensive induction programme for new staff. This included the Care Certificate which sets out common induction standards for social care staff.
- Staff told us and records confirmed they received regular training in subjects such as fire safety, managing behaviour, sensory awareness and autism spectrum disorder. They were also supported to obtain nationally recognised qualifications in care.
- Staff told us the registered manager arranged training related to people's individual needs which helped them to provide personalised care.
- Staff told us they received regular support and supervision. A staff member said, "[Registered manager] is available whenever you need to talk things through."

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

- People told us staff supported them to plan menus and choose the foods they preferred. One person explained to us that sometimes people chose different things to eat and staff supported their choices. During a lunchtime meal we saw people chose a variety of different foods which staff helped them to prepare. Drinks and snacks were freely available for people.
- One person told us about how staff encouraged and supported healthy food choices. They said, "It's good for us but I still have a cake if I want one."

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

- Each of the adjoining houses were fully accessible to those who lived there. Each house had a communal living room and dining area and garden space.
- Everyone had their own bedroom which they had personalised to their own tastes.
- Each house was generally well decorated apart from a bathroom ceiling in one house and the front exterior walls of the other house. We brought these issues to the attention of the registered manager and the registered provider's operations manager. They confirmed that both issues were scheduled into the programme of works for the coming year (2019).

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

- People told us they were supported to use healthcare services whenever they needed to. One person said, "If I don't feel well [registered manager] will always get me to the doctors."
- Records showed people accessed services such as their local GP, chiropodists and specialist consultants and nurses. A person described how they regularly saw a specialist learning disability nurse who helped them to, "stay calm."
- People told us that staff encouraged them to stay healthy. One person told us staff helped them learn about healthier food options and another person told us how oral hygiene was encouraged by staff.
- Information about healthcare was available for people; for example, leaflets about what would happen if they had a blood test. This helped people to understand and prepare for healthcare appointments.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training about the MCA and demonstrated their understanding of how to support people to make their own decisions wherever they were able to do so.
- Where decisions had been taken in a person's best interests they were clearly recorded and showed that anyone important in the person's life had been consulted.
- Three people were subject to DoLS authorisations. The conditions of the authorisations were being met and the registered manager ensured the authorisations were regularly reviewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- Staff supported people in a caring and thoughtful way. An example of this was where a person had decided to move into the home on their birthday. Staff and other people who lived at Rosslyn had organised a birthday celebration to help them settle in and feel welcomed.
- Staff demonstrated a detailed knowledge of people's needs and preferences and how best to help them make the most of their day. Throughout the inspection we saw people actively engaging with staff; seeking out their company; asking for their views; and enjoying good humoured banter. One person said, "Oh we do have a laugh; [deputy manager] is really funny."
- Staff understood how each person communicated their feelings and needs. We noted that staff responded to people's body language and behaviour cues, as well as their verbal communication, to ensure they provided the right level of support at the right time.
- People were unanimous in their views about the positive relationships that had built up between them and the staff team. One person said, "They support me and I support them. It's like a family." Another person said, "I love them all, [registered manager] is great."

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

- People told us they were supported to make their own decisions and choices. One person showed us how their care plan reflected the decisions they had made about what they wanted to happen in their life. Another person's care plan recorded where the person was not able to make a clear decision or choice and that best interests processes had been followed. Those who were important in a person's life were involved in supporting the person to make their decisions and choices.
- We observed that staff promoted an equal partnership when supporting people to make decisions. They offered information to help the person make an informed decision and discussed the pros and cons of different choices.
- There was information around the home about the support provided by lay advocacy services. These are services that are independent of the registered provider and the local authority and can support people in their decision-making and help them to communicate their decisions and wishes. No one was using these services at the time of the inspection.

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

- People told us, and we observed, that promoting privacy and dignity was embedded in the culture of the home. People had keys to their bedrooms when they wanted them and staff asked permission before

entering. Conversations about people's care and support were held in private areas.

- People had set out and recorded their wishes about how their dignity was to be maintained and respected. This clearly showed how they wanted staff and the other people they lived with to behave towards each other.
- People were supported to maintain and develop their independence. During the inspection we saw people were supported to do their own laundry, make meals and drinks for themselves and clean their own bedrooms. Two people travelled independently to and from their places of work.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. 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

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

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

- People told us they were fully involved in developing and regularly reviewing their care plans. Care plans included information about people's life goals and how they wanted their support to be provided. One person who showed us their care file and said they enjoyed going through the care plans with their named key worker. They told us they could see how well they were progressing in their life.
- The registered manager and staff understood how to help people achieve their life goals. Since our last inspection one person had been supported to move to alternative accommodation of their choice. The registered manager told us they had settled well in their new home and regularly returned to visit their friends. Another person told us they had chosen to try to live independently but had not felt as confident as they thought they would be. They said they had been welcomed back to Rosslyn and staff were helping them develop more confidence so they could achieve their goal of independent living in the future.
- We looked at a person's care file who had lived at Rosslyn for a short while. By working closely with the person and getting to know their life history the registered manager had been able to identify previously unknown aspects of the person's life. This led to, amongst other benefits, securing the person's financial arrangements for the future. We also saw that before moving to the home the person's complex health needs had compromised their safety and restricted their independence. The registered manager and staff had found a creative way of using a telephone based technology to enable the person to be more independent within the local community and minimise the risk of them coming to any harm. The person told us they were happy to have this technology and felt safe with it in place.
- The registered manager explained how they were supporting one person to manage a very difficult life issue. This involved supporting the person to engage with legal services and ensuring the person was fully able to understand the processes and the impact it had on their life.
- People told us they enjoyed a varied and active social life. They told us about social clubs they went to and holidays they took with staff and their friends. We also saw they were supported to make use of the facilities within their local community. On the day of the inspection visit we saw one person was going out for a shopping trip with staff and another person was supported to go to a local snooker hall for, "a game and a pint."
- One person told us they liked to keep fit but didn't like a gym environment. We saw that gym equipment had been purchased so the person could maintain their fitness routines in the comfort of their home.
- One person told us about their particular interests which staff supported them to maintain. Due to the person experiencing issues with their short-term memory, staff had created a photo album which showed the person engaging in their interests. This had proved to be effective in helping the person to recall positive experiences and emotions.
- Staff considered and understood people's cultural and religious preferences and needs. An example of this was a person who had followed a particular religion but now chose not to attend formal gatherings or

services. Staff supported the persons wishes to maintain a connection with the religion by setting time aside to read religious texts with them.

- We saw the registered manager considered the support needs of those who were important in a person's life. An example of this was where they had arranged a learning session for a family member to help them better understand decision making processes. The registered manager said this was an important part of the person's care as it promoted a more consistent approach thus reducing their anxieties.
- The registered provider and 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 was available for people in words and pictures to help them fully understand the meaning of the information.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint if they needed to. One person showed us the registered provider's policy was displayed in the home. It was available in words and pictures for wider access. The person told us, "You just tell any of the staff [if you have a concern] and they sort it for you."
- One complaint had been recorded since we last inspected Rosslyn in July 2016. We saw the complaint had been managed in line with the registered provider's policy and resolved to the satisfaction of the complainant.

End of life care and support:

- One person had been supported to plan for what they wanted to happen at the end of their life, including the arrangements for their funeral. The registered manager told us that other people found this a difficult subject to consider and did not wish to discuss their plans just yet.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- People who lived at Rosslyn and staff members told us the registered manager promoted an open and inclusive culture within the home. Staff told us that there was good level of communication and they were kept up to date with service developments.
- A person commented, "She [registered manager] is patient and she listens to me. I trust her." Another person said, "[Registered manager] is wonderful."
- A staff member told us the registered manager was flexible and considerate of personal circumstances. They added that the registered manager was "the best manager" they had worked with.
- 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 a clear vision and a set of values which reflected the principles of high quality personalised care.

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

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who lived at Rosslyn.
- In line with legal requirements a copy of our last inspection report and rating was displayed within the home and on the registered provider's website.
- There were 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 with times scales for completion were in place to address any identified shortfalls and to drive improvements.

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

- Our observations and discussions with people who lived at Rosslyn, and staff members, indicated that the registered manager encouraged them to share ideas and views about the way services were provided and any improvements they wanted.

- In one of the adjoining houses people liked to hold house meetings, during which they discussed topics such as menu planning, social events and service developments. People who lived in the other house had decided they did not want to have regular meetings, preferring more informal discussions about topics that affected everyone who lived there.
- The registered provider had systems in place to gather people's views of the services they received by way of regular surveys. Records showed the outcomes of surveys and were used to develop and improve the services provided for people.
- The registered provider had achieved national recognition as an organisation which promoted equality and diversity for people they supported and the staff who worked for them.

Continuous learning and improving care; working in partnership with others:

- The registered manager attended a regular 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.
- Regular staff meetings were held in which the registered manager shared learning from surveys, audits and the networking meetings they attended.
- The registered manager and staff maintained positive working relationships with other agencies who were involved in the lives of the people who lived at Rosslyn. These included local health services, local authority commissioners and local safeguarding teams.