

Linkage Community Trust

Desboro House

Inspection report

Toynnton All Saints
Spilsby
Lincolnshire
PE23 5AE

Tel: 01790753049
Website: www.linkage.org.uk

Date of inspection visit:
10 March 2020

Date of publication:
09 April 2020

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

Desboro House is a residential care home providing personal and nursing care to eight people at the time of the inspection. The service can support up to eight people.

The service was designed taking into account best practice guidance and the principles and values underpinning Registering the Right Support. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen. There were deliberately no identifying signs or anything else outside to indicate it was a care home.

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

Systems and processes supported staff to keep people safe. Quality assurance audits and checks were completed by the registered manager and provider, to identify areas of improvement and monitor key aspects of the service

People were safe at the service as staff understood their roles in managing any possible safeguarding issues. Risks to people's safety were assessed and measures were in place to mitigate them and keep people safe.

People were supported by sufficient numbers of staff who received training for their role. The provider undertook safe recruitment processes to ensure people were supported by a suitable staff group.

People received their medicines from staff who were competent and trained. Staff employed safe practices to control the risks of infection at the service and there were processes in place to learn from incidents and accidents to reduce the risk of reoccurrence.

People's nutritional and health needs were well managed and the environment they lived in was well maintained. The service had several communal areas for people to use, both inside and outside the property.

People were supported to have maximum choice and control of their lives. 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 were supported by a caring staff group who respected their choices. People had the opportunity to voice their opinions on their care and were supported when needed with the services of advocates.

People received care in a personalised way, care and support needs were planned with people to meet their specific needs. Staff we spoke with showed a good understanding of people's needs, information in the care plans supported this.

People were supported to maintain relationships with their families, follow their hobbies and be involved in social activities. Information was provided in ways people could understand and there was accessible information around the service to support people should they wish to make a complaint.

People and staff told us the registered manager was approachable, and both people and staff were able to voice their opinions about the service and felt they were listened to. The registered manager worked to provide an open person-centred approach to people's care and worked with other health care professionals to achieve this.

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

Rating at last inspection

The last rating for this service was good (published 14 September 2017).

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Desboro House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Desboro House 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 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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager and a care worker.

We reviewed care records, this included two people's care plans and daily care records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at medicines administration records (MARs) for people who use the service. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures.

After the inspection

We spoke with two relatives by telephone and continued to review information sent from the provider to validate evidence found. This included training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse, learning lessons when things go wrong

- Systems and processes in place supported staff to keep people safe. One person said, "I feel safe with staff, always someone to help me."
- Staff received safeguarding training and demonstrated they understood their responsibilities to reduce the risk of avoidable harm to people. They had confidence the registered manager would deal with any concerns or issues raised.
- Systems and processes were operated by the registered manager to keep people safe. Safeguarding issues were identified, reported, and the information used to learn from events to prevent reoccurrence. Safeguarding issues were an agenda item on staff meetings and further learning took place through staff supervisions.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, assessed and measures put in place to mitigate them and ensure people's needs were met.
- One person had a visual impairment and their care plan gave staff clear guidance on the level of support they required, both in the service and when accessing the community. The information was detailed and written so staff provided positive support to enable the person to have a level of independence in a safe way.
- Environmental risks had been clearly identified and mitigated by adaptations. For example, grab rails at the building's entrance were lowered to meet the needs of one person when entering and exiting the building.

Staffing and recruitment

- Staffing levels met the needs of the people living at the service.
- Where people needed to access the community, the staff levels accommodated this. Staff adjusted their hours to ensure people could undertake activities of their choice.
- Safe recruitment processes were in place to ensure people were supported by suitable staff. Pre-employment checks were carried out before staff commenced employment.

Using medicines safely

- People received their medicines safely and in the way they preferred.
- Staff were appropriately trained to administer and support people to have their prescribed medicines and followed safe practices.
- Medicines were stored and checked regularly, which ensured any shortfalls could be identified and addressed immediately.

- People who required 'as needed' medicines had clear protocols in place for staff to safely administer them.

Preventing and controlling infection

- The service was clean. Staff understood their responsibilities in maintaining a clean environment for the people they supported.
- Personal protective equipment (PPE) was readily available for staff to use. Staff undertook effective handwashing techniques and encouraged people who lived at the service to also follow these safe practices.
- The provider had contingency plans in place for outbreaks of infection to mitigate risk and ensure continuity for people living at the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Records showed people's needs were appropriately assessed in line with nationally recognised guidance for people with autism and learning difficulties.
- People's protected characteristics under the Equality Act were considered. The registered provider had policies and procedures in place, to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- Records showed people were supported by staff who received training appropriate to their role. This included face to face, and online training courses. Staff training was regularly updated and reviewed, where refresher training was identified, plans were in place to ensure they were up to date.
- All staff received induction training when starting work at the service, to support them in their role. This ensured consistency to support people with their needs.
- Staff told us they had regular supervisions and were supported by the registered manager. One staff member told us they could have additional support from the registered manager whenever they needed it.

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

- People were supported with their nutritional needs. Staff were aware of people's dietary needs and preferences. For example, one person required staff to assist them when eating and, used adapted equipment, in line with their assessed needs.
- Health and wellbeing champions had been appointed within the service, this included both people and staff. It was the wellbeing champions role to encourage people to maintain a healthy diet and make healthy choices. Several people had made positive choices with the support of staff to achieve healthy living.
- Staff had completed training in food safety and healthy eating.
- Staff engaged with people to make the dining experience sociable and enjoyable, mealtimes were relaxed and informal, people were encouraged to be involved in food preparation.

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 healthcare professionals to maintain their health and wellbeing and lead healthy lives.
- Staff told us they were aware of who they needed to contact should people need support with their health needs. One person spoke about how the staff responded effectively when emergency health care was needed, this ensured the person received the right care and treatment.

- Relatives told us staff communicated well with them if there were any health issues they needed to be aware of.

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

- The premises and the environment met the needs of the people. There were several communal areas for people to spend time in, and plenty of outside space which was used throughout the year.
- People's rooms were decorated and designed to meet their needs. People had the opportunity to personalise their own room's. For example, one person had exercise equipment in their room, which they enjoyed using.
- The service was well maintained and had a refurbishment plan in place. We saw a number of rooms had new carpets in place, and improvements such as new worktops had been made to the kitchen.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager followed systems and processes relation to MCA and DoLS authorisations. Staff involved people in decisions about their care and treatment. Evidence of best interest meetings showed what support people required. For example, some people were able to manage simple financial decisions but required more support with complex financial decisions.
- Any decisions made in the best interest of the person were made using the least restrictive options. Relevant family members and health professionals were involved in this process.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff interactions with people were positive and caring. Throughout the inspection it was evident staff knew people well and supported them in positive ways.
- People told us staff were caring. One person spoke positively about the staff who supported them, they said, "I get on with staff."
- Relatives told us staff supported people to express their views and choices about their care. One relative told us, "Staff are caring, they take time to build relationships (with people)."

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

- Staff supported people to be actively involved in their care planning and any decisions they made.
- Meetings were held weekly with people to make choices about their care and activities.
- People's communication needs were recorded in care plans. Staff understood people when they wanted help and support, using communication strategies working best for the person.
- Easy read accessible posters were displayed to show people how to access advocacy services. At the time of inspection no one was using the services of an advocate. The registered manager explained the service would organise an advocate for people when required.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. They maintained people's privacy and dignity.
- People were encouraged to be independent. For example, one person required specially adapted equipment to make hot drinks safely. The provider ensured this equipment was purchased to develop people's independence. A further person was encouraged and supported to prepare their own meals.
- Staff followed General Data Protection Regulation (GDPR), it is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU); people's confidential information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care and support was planned with people to meet their specific needs.
- People were encouraged to make choices, have as much control and independence as possible, this information was included in their care plans. For example, one person choose to sleep later in the morning, their support hours were tailored to facilitate this.
- A relative told us staff were very good at understanding people and had a solution focussed approach to any issues.
- Staff spent time with people to ensure their likes, dislikes and preferences were recorded. For example, people were encouraged to record their hopes, dreams and goals into their care plans, which included healthier lifestyles and attending social events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Accessible information folders were available for people in easy read and pictorial format, with information on internet safety, complaints , accessing healthcare etc; additional adaptations were made for people with visual impairments.
- Staff identified people's communication needs and ensured information was given to them in a format they would understand.
- Easy read boards were on display throughout the home, including picture format to give people information on planned activities, infection control issues, and how to support their health and wellbeing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible. Some staff were allocated to work with specific people, their working hours were tailored around the person's social activities. This ensured a consistent and coordinated approach of care for the person.
- People used assistive technology to support them. For example, one person used technology to maintain regular contact with relatives. People were also involved in discussions about the use of assistive technology and how to stay safe on line.
- People in the service enjoyed regular social outings and in-house activities. Meetings were held weekly for

people to plan activities, these included going to the gym, concerts and musical shows.

- Some people in the service had work placements in the local community on a voluntary and paid basis, encouraging independence and promoting self-worth. Staff supported people to attend and actively build links within the community so they could meet new people and maintain friendships.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint in a way they could understand, such as easy read and picture format.
- At the time of inspection there were no recorded complaints, however staff informed us they knew how to manage a complaint. Relatives told us when they had any concerns it was dealt with straightaway and they could approach any member of staff.

End of life care and support

- The service was not supporting anyone with end of life care, however the registered manager was aware of their responsibilities regarding this.
- We saw some care plans did not have people's wishes documented. The registered manager was working with people and families to ensure their wishes were highlighted. Where people did not want to discuss this aspect of care the registered manager respected this and told us they would ensure this was documented in their care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked to achieve and promote high-quality person-centred care, engaging with staff and people for positive good quality outcomes. The focus of this was developing people's skill's, independence and social inclusion. For example supporting one person to go to the gym on a regular basis and another person who had regular employment locally.
- Staff focused on person centred care that met people's needs. Staff knew people well; these values were encompassed into working practices. We saw numerous positive interactions between people and staff during inspection.
- Staff spoke positively about the registered manager. One staff member said, "I'm happy with the leadership." Relatives told us the registered manager was, "Good, dynamic in managing the staff and environment" and "The philosophy is to develop staff, that's reflected in the care that staff give."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems and processes were in place to provide oversight of the service. The registered manager understood their responsibilities in relation to quality assurance and regulatory compliance.
- Audits were in place to monitor the quality of the service people received. We saw actions had been completed to address any outstanding issues, however there was a lack of evidence to show who had completed these actions. We discussed this with the registered manager. Following the inspection, evidence was sent to show they had addressed this issue.
- Quality assurance checks were completed by the registered manager and provider, to identify areas of improvement and monitor key aspects of the service. This was communicated to the staff group through meetings, handovers and individual supervisions.
- Staff received supervision and annual appraisals in line with the provider's policy. Staff told us they felt supported by the registered manager and felt able to discuss any issues or concerns. Staff understood their roles and responsibilities in providing care for people.
- The registered manager was aware of their responsibilities to keep the Commission informed of significant events at the service. We had received statutory notifications showing how different events had been managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Links were established within the local community to provide opportunities which enhanced well-being, taking into consideration the physical and social aspects of people's lives.
- People took part in meetings, this ensured they could express their views and opinions about the service, and any issues which were important to them. These included areas such as menu planning, individual activities and the decoration of the service.
- Staff worked collaboratively with external health care professionals, to develop tailored support, which improved care outcomes for people. For example, external health professionals had advised staff with personalised ways to provide one person with support to encourage positive behaviour.