

Linkage Community Trust

St Andrews Drive

Inspection report

87 St Andrews Drive
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St. Andrew's Drive is a residential care home providing personal care and support to six younger adults, some of who may be living with learning disabilities and autism. There were six people using the service at the time of the inspection.

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

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

The service was provided from one house and was registered to support six people. It therefore conformed with current best practice guidance.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The vision of the service reflected these principles ensuring people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the ethos to provide person-centred care that enabled individuals to develop skills and behaviours to live independent lives, whatever the level of need.

Some of the people who used the service had complex needs and they did not express their views verbally about the service. During the time we spent with people we saw they appeared comfortable with staff.

The service was very well-led. Staff went the 'extra mile' to ensure people received individual care that helped them develop. Staff supported people to become more independent in all aspects of daily living and they were involved in all aspects of decision making. People said they were listened to by staff.

Staff knew the people they were supporting extremely well. Detailed care plans were in place that documented how people wished to be supported. Staff had developed very good relationships with people, were very caring in their approach and treated people with full respect.

Strong, committed leadership put people at the centre of service provision. People and staff were positive about the management of the service and felt valued and respected.

Information was accessible to involve people in decision making about their lives. 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.

Staff received training and support to help them carry out their role. Arrangements for managing people's medicines were safe. People enjoyed their meals and their dietary needs had been catered for.

The building was bright and well-maintained with a good standard of hygiene.

There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community and to go on holiday.

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

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 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Andrews Drive

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

The inspection was carried out by one inspector.

Service and service type

St Andrew's Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave 24 hours' notice of the inspection as it is a small service and we wanted to ensure people would be in.

What we did before the 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

Not all people communicated with us verbally about their experience of the care provided. We spoke with

three people about their experience of the care provided. We spoke with three members of staff including the registered manager and two support workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and two medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at 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

- People were cared for safely.
- Due to some people's complex communication needs they did not communicate verbally with us. Staff were aware of their needs and they appeared happy and comfortable as staff supported them.
- The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.

Assessing risk, safety monitoring and management

- Risk assessments identified risks specific to the person and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person.
- People were supported to take positive risks to aid their independence.
- A system for evaluating risk was in place but we advised more regular evaluation should take place to ensure records accurately reflected current risk to people. The registered manager told us this would be escalated to the provider to be discussed at corporate level to be addressed.
- The building was well-maintained. Where people required equipment to keep them safe, this was in place and appropriately maintained.

Staffing and recruitment

- There were enough staff to support people.
- Staffing levels were flexible and were determined by the number of people using the service and their needs. A staff member said, "I think there are enough staff, staffing levels are flexible and can accommodate if some people want to go out and others want to stay at home."
- The provider used safe recruitment practices to reduce the risk of unsuitable staff being employed. These included satisfactory references and background checks with the Disclosure and Barring Service. A system to renew DBS checks, after the initial check, was not in place to ensure people were still suitable to be employed. We discussed this with the Human Resource department and action was taken immediately to rectify the situation.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

- Care plans provided details of how people received their medicines including "when required" medicines.

Preventing and controlling infection

- The building was clean.
- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection.
- Staff supported people and they were encouraged to learn how to keep their home clean.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of re-occurrence.
- Safety issues were discussed at meetings to raise staff and people's awareness of complying with standards and safety practices.

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.

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 had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

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

- Before people received care a detailed assessment was carried out to check if people's needs could be fully met at the home.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A staff member had been appointed as a swallowing, oral health and nutritional ambassador (SONA) to promote people's well-being in these areas.

Staff support: induction, training, skills and experience

- Staff members received training to give them knowledge about people's conditions and help maintain their skills. One staff member told us, "There are loads of training opportunities, it's non-stop training the first couple of months."

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and for any specialist needs. The registered manager said, "I am particularly proud of one staff member becoming a Team Teach Trainer which has resulted in them being proactive in encouraging all staff to complete their training."
- Staff received regular supervision and appraisal to discuss their work performance and personal development.

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

- People had a variety of food and drink to meet their needs.
- People enjoyed their food and they were encouraged to choose what they wanted. A person said, "I make my own breakfast."
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Where anyone was at risk of weight loss, their weight was monitored more frequently as well as their food and fluid intake.

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

- Care plans were in place to promote and support people's health and well-being.
- People were registered with a GP. The registered manager was attending physical health events with the local NHS Trust to learn more about the increased health risks for people with learning disabilities.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- People's bedrooms were comfortable and well-personalised. They had belongings that reflected their interests.
- People had access to a large well-tended garden with seating areas.

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service promoted a very strong person-centred culture where people were at the heart of the service and staff were committed to ensuring people received the best possible support in an exceptionally caring and nurturing environment. One person commented, "Everything is good about living here." Another person told us, "I like living here, this is my home. I have a key for my door." A staff member said, "I love working here, I wish I'd done this sort of job years ago."
- The organisation was successful in 2019 in retaining the Investors in Diversity accreditation. This is an award which recognises national standards of equality and diversity, where people and staff are treated as unique individuals with different and diverse needs.
- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support and, where staff had worked closely with people to achieve goals and improve their well-being and quality of life. Examples included, staff successfully advocating with the local MP and health service on behalf of a person with diabetes to ensure they were accepted on a trial for new technology to help them manage their health condition. Additional specialist equipment was provided for another person to enable them to have a bath and staff had successfully ensured that people received letters from their GP in an easy-read and accessible format to promote people's involvement.
- The registered manager and staff told us people enjoyed attending the festival held at the local park each year, funded by the Arts council to encourage participation in cultural activities.
- Staff worked closely with people investing time in ensuring they were given the right level of support to promote their understanding and there was a subsequent decrease in behaviours that could be considered challenging. The noticeable reduction in distressed behaviours had a very positive impact for people and resulting improvement in their quality of life.
- People were supported to access paid employment. The provider's, PIR stated, "We work with employment services and adult skills to identify the barriers and the skills required in order for people to access work." One person said, "I do paid work."

Respecting and promoting people's privacy, dignity and independence

- Staff understood their role not just to support people and provide care but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives and to learn new skills, whatever the level of need. One person told us, "I go shopping myself" and "I help do my laundry."
- Care plans provided detailed information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves. A person said, "I've cleaned my room and put my washing to dry." A professional commented, "People that moved to St

Andrew's have become more independent and confident."

- The registered manager gave us examples of the successful transition of people from St Andrew's into the community. Two people were being supported to achieve their aspiration to live more independently and move together into a flat. Rehabilitative work was being done with the people, assisted by staff following support plans such as for laundry, cooking, budgeting and other skills to help them prepare for their move.
- We observed people help themselves to drinks and food independently and told us about their role in keeping the home clean. A person had learned to travel independently and some people attended day services and employment. One person told us, I get the bus to work."
- People were encouraged and supported to get involved in the running of the service. They selected menus, leisure activities and their keyworker to support them. People had attended health and safety training. As a result, they had requested a "Safety Sunday" to check the house was safe. They were involved in carrying out household safety and security checks with staff, they had visited the local fire service to learn more about fire and its management and they were involved in staff recruitment.

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

- Exceptional care was delivered to ensure that people were encouraged to make choices about their day-to-day lives and future living arrangements. This included using communication aids such as pictures, signs and symbols as well as technology. One person said, "I like to go to bed at 10pm."
- Some people had applications programmed onto their individual I-pads to help make choices and express their views and communicate. Information was available in this format to help the person make choices about activities, outings, food and other areas of importance in a person's life.
- People were supported to express their views so that staff understood their preferences, wishes and choices. Scrapbooks were being introduced with pictures for some people, to remind them and enable them to show activities and experiences they had received and areas of importance in their lives.

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 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 was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Information detailed what was important to the person and how they wished to be supported to achieve their goals.
- People were involved in the development of their care plans. Regular individual meetings took place to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.
- Care plans were reviewed. We discussed that they should be evaluated more regularly to help ensure if people's needs changed this was appropriately reflected in care records. The registered manager told us this would be escalated to the provider to be discussed at corporate level to be addressed.

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

- Records contained information and staff had a very good understanding of people's likes, dislikes and preferences.
- People were encouraged and supported to maintain and build relationships with their friends and family. Where people had long term relationships, they were supported by staff to maintain these and go on date nights. One person said, "I have a girlfriend and we meet up."
- People all went out and spent time in the community. Some people went out independently others were supported by staff. They all enjoyed a range of activities. These included, karaoke, baking, meals out, horse riding, crazy golf, swimming, visiting the local beach, skating, shopping, going to the theatre and whatever was of interest to the person. One person said, "I enjoy gardening." Another person told us, "I like going to the circus."
- People were supported to go on holiday. One person was going on a camping trip and cycling holiday. They also took part in community events and festivals that showcased and welcomed people to the local area. They told us about the cake making that showed scenes typical of Skegness such as fishing. We were also told about the musical extravaganza that people took part in at the local theatre.

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.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information such as menus, activities and some policies such as complaints, fire awareness and health and safety were available in pictorial format for people who needed it.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- People's care records contained information about their religion and wishes at this time.

Improving care quality in response to complaints or concerns

- A complaints procedure was available in an easy read format and people were asked at their regular meetings if they had any concerns or complaints.
- A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns.

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; 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

- The service was well-led. A professional told us, "The manager was very informative, organised and was able to easily provide information as requested. The staff on duty were able to tell me about procedures they follow and were very complimentary about the organisation, manager and setting."
- Staff shared the vision of the organisation to provide person-centred care and to put people first. One staff member told us, "I've worked here for years, I love it. We work as a team."
- Staff were encouraged to develop their skills through training and personal development. One staff member commented, "I've done a teach the teacher course."
- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- The registered manager worked well to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the service, when the registered manager was not present at the home.
- There was a well-established governance framework. The registered manager had a very good understanding of their role in ensuring good governance.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

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

- The manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff and people said they were supported. They were positive about the manager and all said the manager was approachable and they were listened to.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. People were consulted on an individual basis. Regular group meetings also took place with people.
- People and staff were empowered to voice their opinions, and the management team responded to comments put forward. Suggestions included a decked, seating area had been created in the garden for people to use.

Continuous learning and improving care; working in partnership with others

- There was a focus on continuous learning and improvements and keeping up-to-date with best practice. The organisation had appointed a provider to work with the team to develop a digitalisation strategy for the next five years.
- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The registered manager had taken part in the 'Inspire to Influence' programme to inspire young people into working within the care sector providing successful placements and work experience.