

Linkage Community Trust

Community Support Services

Inspection report

Stanley Avenue
Mablethorpe
Lincolnshire
LN12 1DP

Tel: 01507478482
Website: www.linkage.org.uk

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service caring?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Community Support Services is a domiciliary care agency (DCA). The service provides personal care for adults who have a learning disabilities or autistic spectrum disorder. These people lived in their own houses, flats or specialist housing in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene, medicines and eating. Where they do, we also consider any wider social care provided. 36 people were receiving a regulated activity on the day of our inspection.

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

Although we found safeguarding concerns were robustly investigated, some aspects of the disciplinary policy did not give managers clear guidance, this had resulted in an incomplete disciplinary process. The provider has addressed this.

We could not be assured all medicines were safely managed as the quality monitoring tools in place for some areas of the service were not robust. The provider has addressed this.

Staff were aware of their responsibilities to keep people safe and people using the service felt safe.

Risks to people's safety were assessed and were used to provide guidance for staff to encourage people's independence. People were supported by adequate numbers of staff who were safely recruited and received appropriate training for their roles.

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 were supported by a group of staff who knew them well and were passionate about providing people with high-quality person-centred care. People were treated with dignity and respect. Staff worked with them to ensure they had choice and supported them to make independent decisions about their care.

Although we found there were some small areas requiring improvements in the quality monitoring processes, people, relatives and staff told us the service was well led. People and relatives felt the communication was good and told us the care people had received throughout the COVID-19 pandemic had been excellent. Staff told us they were well supported by their managers.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The ethos of the provider was continued learning, development and enabling independence for the people they supported. This was shown in the way people were supported in their

living environments, the way staff worked to enable people to make their own choices and ensuring the staff supporting them understood their roles.

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 Outstanding (published 3 May 2019).

Why we inspected

The inspection was prompted in part due to Safeguarding concerns and staff culture. A decision was made for us to inspect and examine those risks.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Community Support Services

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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 the provider 24 hours' notice to ensure key staff were available to participate in the inspection. We spent one day at the provider's offices.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback

from the local authority team who work with the service. The provider had not been asked to complete a provider information return (PIR) form. This is information we require providers to send us 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.

During the inspection

We spoke with two managers, the registered manager, the quality assurance manager and the nominated individual. Following our visit, we spoke by telephone with four people who used the service and six relatives. We also spoke with eight members of staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment, 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.

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 outstanding. At this inspection this key question has now deteriorated to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them. Staff were aware of their responsibilities in reducing the risks of abuse for the people they supported. Staff received regular training in safeguarding adults and had confidence their managers would address any issues they raised to them.
- When safeguarding concerns had been raised the management team had robustly investigated the issues. However, their disciplinary policy did not give managers clear guidance on how to proceed with disciplinary processes if a member of staff left the service before they had completed their investigations. We raised this with the management team and following our visit the quality manager told us they had made the changes to the policy.

Using medicines safely

- Where needed staff provided different levels of support for people with their medicines. Some people required full support to administer medicines and other people only required prompts. People's care records had clear information of what support was required.
- Where people lived in community settings it had been difficult for managers during COVID-19 to maintain assurance of safe medicines management. The tools in place were not robust enough to give assurance of clear oversight of processes. This increased the risk of medicine error not being identified promptly.

Assessing risk, safety monitoring and management

- The risks to the different aspects of people's care were assessed. Care plans contained guidance on how staff should support people and still maintain their independence.
- One person's risk assessment provided guidance for staff in areas such as management of risk of injury from kitchen equipment and supporting the person with road safety and travel. The person had a history of self-harm and there was guidance on possible triggers and how to mitigate the risks.
- A member of staff gave examples of how they encouraged people to maintain a safe environment. They told us people had spy holes in their doors so they could check who was there before opening, and they undertook regular fire safety tests with people. The member of staff told us they discussed how to use the safety measures with people regularly, so they were assured of the person's understanding.

Staffing and recruitment

- People who received care told us there were enough staff to support them with their needs. Both staff and people we spoke with told us during the COVID-19 pandemic the management team had worked to ensure people were supported safely. For example, one member of staff told us they had been asked to support just one person who had been highlighted as needing to shield. The member of staff changed their working

hours to manage this to reduce the number of staff the person was exposed to and reduce their risk of contracting COVID-19.

- There were safe recruitment processes in place. When staff were employed the provider obtained references from previous employers and used the disclosure and barring service (DBS). This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had processes in place to ensure learning from events at the service. Following a safeguarding investigation, the quality and safety assurance manager had highlighted some concerns around local management arrangements and staff reporting. The management team had been proactive in making changes to support better reporting processes, staff told us they had felt this had resulted in an improvement to the way they were supported.

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 Outstanding. At this inspection this key question has deteriorated to 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 and relatives, we spoke with gave positive feedback on the way people were supported. One relative told us their family member spoke very highly of the staff who supported them, they liked the consistency of having the same staff supporting them. Relatives told us staff had worked extremely hard to support people, keeping their spirits up during COVID-19 when they had been unable to undertake the social activities they would normally undertake.
- Staff spoke with empathy and passion about their roles in supporting people. They knew the people they supported well, they talked warmly and with compassion about people. They had needed to think differently about how to provide social activities people would enjoy during COVID-19. They gave examples of how they had done this which included having film nights, bingo and discos within the social bubbles. Supporting those people who could go out into the community safely following the government guidance.
- managers gave us examples of where they had taken action to address and improve staff culture/attitude where staff had not upheld values in relation to respect.' Supporting people to express their views and be involved in making decisions about their care
- People and their relatives told us they were very involved in making decisions about their care. One relative gave a clear example of how both they and a staff member had supported their family member when a health professional had suggested changes which they felt would be detrimental to their family member's independence. They felt supported by staff to ensure their voice was heard.
- Relatives told us people had the choice of which gender of staff they felt most comfortable with. One relative whose family member was female told us the person was happy with either gender of staff. The person had told their relative staff were respectful of their privacy and they felt comfortable with them.
- People's care plans showed clear examples of people's choices, the way they wanted to receive their care and who was important to them. One person's care plan showed they had made clear choices on not to receive a medical intervention. A staff member also gave an example of a person who followed a specific diet in line with their cultural practice. Because of their learning difficulties they did not always recognise foods they should not eat. Staff supported them with this by using words they understood to alert them to particular foods.
- People had access to Advocacy services should they need them. One person had used the service of an independent mental capacity advocate (IMCA) to support them make decisions about aspects of their life. IMCA services support people who can't make or understand decisions by stating their views and wishes or securing their rights.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were very complimentary about the staff who supported them. It was clear positive relationships had been built between people and the staff. Relatives gave clear examples of how staff worked with people to promote their independence. This ranged from supporting with personal care to cooking and cleaning their environment. One person told us they needed prompting to undertake their housework. They told us a relative was coming to see them at the weekend and the staff member was helping them clean their flat.
- Staff worked to support people in a respectful way and improve their independence. One member of staff told us the care at Linkage was person centred. They said, "The client is the most important person, it's why I do the job. Staff work hard to help people gain independence."

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 outstanding. At this inspection this key question has now deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had comprehensive quality monitoring processes, however there were some aspects of medicines management which were not robust. The safe section of this report showed the oversight of people's medicines management in their own homes did not always provide consistent oversight from managers. The Covid-19 pandemic had meant managers could not undertake face to face quality monitoring visits and needed to rely on phone calls. The quality monitoring tools used during the pandemic meant the audits undertaken could be inconsistent, lacking effective oversight of medicines. However, the provider recognised and addressed this swiftly following our visit.
- The provider had recognised that there could be improvements to both their quality monitoring processes and the organisation of management teams. The provider had employed a new quality assurance manager who had already begun working with teams in the service. They had made positive changes to local management structures, and staff told us this had been a positive move. They were reviewing policies and had already begun to address the concerns we had with the disciplinary policy mentioned in the safe section of this report.

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 provider had a very open and honest approach to managing their service. When there were events that needed addressing, they had been open and worked within the duty of candour to ensure people, relatives and CQC were informed of how the events were managed.
- The management team understood their responsibilities to inform us of significant events at the service as they are required by law to report to us. We receive regular communication and notifications from the registered manager on events at the service.

Continuous learning and improving care; Working in partnership with others

- Staff told us they were encouraged to work to Linkage's four values; respect, honesty, teamwork and independence. One staff member said, "We are all in the mindset that we promote independence for people, supervisions we talk about the values and dignity and equality."
- Staff told us how they were supported to maintain and improve the skills they needed to keep people safe. Managers told us they continued to work with staff and people and as they came out of the pandemic, they wanted to focus on further developing training for staff.
- There was clear evidence from people, relatives, staff and their care plans about how staff supported

people to access external health professionals when this was required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- It was clear from the people, relatives and staff we spoke with there was a positive person-centred approach to the care people received. Relatives spoke of how well staff knew their family members and gave numerous examples of how they had worked to support them both prior to and during the COVID-19 pandemic. Staff we spoke with enjoyed working for linkage. Throughout all our conversations with staff there was a clear feeling of how they consistently worked to promote people's choices and independence.
- There were different personalised initiatives in place to promote empowerment and inclusiveness. For example, one person was encouraged to oversee health and safety issues at the service they lived in. They reported issues the maintenance team and checked the work was completed. People were encouraged to take part in the interview process for new staff providing services for them. On the day of our visit managers were undertaking a zoom recruitment interview, and a person who used the service was taking part in this interview.
- People's views on the running of the service were sought through house meetings, questionnaires and phone calls. The provider ensured people were supported to give their views. There were easy read documents and posters, staff had skills to communicate effectively, for example, the use of Makaton. Relatives told us the staff had been in regular contact with them throughout the pandemic and ensured people were supported to keep in contact with them.
- Staff consistently told us managers provided them with good support. Staff had respect for their managers, they told us they were listened to in meetings. They were able to give examples of how things they had suggested had been adopted to ensure good outcomes for people they supported. One member of staff told us there wasn't anything they didn't like (about the service) they loved working there. They said there was a family feeling and people looked out for each other but staff still understood how to maintain professional boundaries.