

Linkage Community Trust Limited(The) 22 Abbey Drive (West)

Inspection report

22 Abbey Drive West
Grimsby
North East Lincolnshire
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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 

Overall summary

22 Abbey Drive (West) is registered to provide accommodation for persons who require nursing and personal care for up to six younger adults with a learning disability and or autistic spectrum disorder related conditions. The younger adults attend the local Linkage college facility full time and the service is closed during college holidays. The service is a large detached period property in a central location in the town close to all local amenities. Accommodation is provided over two floors with stairs access to the first floor.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 1 December 2015. At the last inspection on 11 October 2013, the registered provider was compliant with all the regulations we assessed.

Summary of findings

During the inspection we saw staff were attentive and very caring when supporting people. Comments from relatives were very complimentary and consistent stating they were extremely happy with the care, treatment and support the service provided. Relatives felt every opportunity was provided to safely maximise people's independence. They also told us communication with support and college staff was excellent.

The service developed and maintained strong links with external organisations and within the local community. There was a strong emphasis on key principles of care such as compassion, inclusion, respect, dignity and enablement.

The safety of people who used the service was taken seriously and managers and staff were well aware of their responsibility to protect people's health and wellbeing. People we spoke with told us they felt safe living in the home.

We found people's care plans were written in a way that clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people to understand by the use of pictures and symbols. We saw evidence to demonstrate that people and their relatives were involved in their care planning.

The staff understood the procedures they needed to follow to ensure people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us people were supported by sufficient numbers of staff. We

saw staff were responsive to people's needs. We saw there was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff.

Staff were enabled to become skilled practitioners through a system of induction, training, and continual professional development.

People's nutritional needs were met and people were supported to shop for food supplies and were assisted to prepare meals. We saw staff monitored people's health and responded quickly to any concerns. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People participated in a range of vocational, educational and personal development programmes at the organisation's college facility. They also accessed a range of community facilities and completed activities within the service. They were encouraged to follow and develop social interests and be active and healthy. All programmes and support were geared to maximise the person's independence and support them into adulthood.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

There was strong leadership which put people first, set high expectations for staff and led by example. There was an open culture and a clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were enabled to take risks as part of their development in order to lead more fulfilling lives and the service managed risk in positive ways. Staff knew people well, and were proactive in reducing risk and promoting each person's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service. Safe recruitment practices were followed.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Good



Is the service effective?

The service was effective.

The staff ensured people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the support they received. Staff were experienced and recognised when people's health deteriorated and sought advice appropriately.

People were supported by staff who undertook a range of training, relevant to people's care needs and based on best practice. Staff received supervision, support and appraisal.

The service worked in partnership with other agencies and a dedicated transition team supported pro-active planning programmes which were implemented and maintained by the service and college staff.

People were supported to make their own decisions and when they were assessed as unable to do this staff confidently made use of the Mental Capacity Act 2005 and other legislation so that people's human and legal rights were upheld.

Good



Is the service caring?

The service was very caring.

Staff were proud to work for the service and highly motivated. They felt they were given the opportunity to build meaningful relationships with people who used the service to meet their needs and support them to maximise their independence.

Managers and staff were committed to a strong person centred culture. Kindness, respect, inclusion, compassion, enablement and dignity were key values that were reflected in the day-to-day practice of the service.

People felt care workers always treated them with kindness and respect and relatives considered staff were very caring, kind and compassionate and often went above and beyond their roles.

Outstanding



Summary of findings

The staff supported and maintained excellent communication with people and their relatives to ensure they were involved in all aspects of the enablement programmes and day to day support.

Is the service responsive?

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People were enabled to maintain relationships with their friends, relatives and the local community. The service allowed staff the time to provide the care people needed and timetables were flexible to accommodate people's changing needs.

People and their relatives understood how to raise concerns and complaints.

Good



Is the service well-led?

The service was well led.

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care. There was a culture of fairness, support and transparency.

Staff worked as a team; they were dedicated towards helping people achieve their potential. Staff were supported and encouraged to make suggestions about service improvements and people's individual development programmes. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents.

Good



22 Abbey Drive (West)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 December 2015. We gave notice of the inspection the day before so staff could inform the people who used the service and provide appropriate support. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR within the timescale given. We requested information from professionals involved in the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with three people who used the service, the registered manager, deputy manager, two support workers and an independence tutor. Following the inspection we spoke with four relatives.

We looked at two care files which belonged to people who used the service. We also looked at other important documentation relating to the four people who used the service such as their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rotas, minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance of equipment records.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe living at the 22 Abbey Drive. Comments included, “Yes, I feel safe here. I don’t get bullied and staff help me”, “Definitely safe, we really trust the staff and have no concerns about our son’s safety”, “We would know by his behaviour if there was something wrong; he has always liked all the staff” and “I feel that [Name of person] is provided with a range of opportunities to develop in a safe, inclusive environment.” During our inspection we saw that people did not hesitate to go to any of the members of staff or the registered manager when they wanted support or assistance. This showed us that they felt safe around the staff.

When we spoke with staff about people’s safety and how to recognise possible signs of abuse, these were understood by staff. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff and they had easy access to information on the organisation’s safeguarding procedures and a list of contact numbers was available. The registered manager was aware of the local authorities safeguarding procedures and their responsibilities to report any concerns.

We saw there was a whistleblowing policy in place. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at two people’s care files; each had an assessment of their care needs which included risk assessments. These covered areas such as: accessing the community, travelling in the home’s vehicle, seizures, support in managing anxiety and behaviour that challenged the service. Risk assessments were used to identify what action staff needed to take to reduce and manage the risk whilst supporting people to be independent and still take part in their daily routines and activities around the service and in their community.

Through our observations and discussions with people who used the service, relatives and staff members we

found there were enough staff with the right experience, skills, knowledge and training to meet people’s individual needs. The registered manager showed us the staff rotas and explained how staff were allocated for each shift. They confirmed extra staff were provided to support activities, trips into the community, and if people were unwell and required increased support. Some people who used the service were funded for one to one support. Checks on the rotas confirmed this. The registered manager confirmed any staff absence due to sickness and holiday was covered by the service staff or bank staff, so people who used the service knew the staff providing the cover.

Each person attended college during the week days, although on Fridays people were provided with structured support around their independent living skills at the service. We saw sufficient staff were on duty to meet people’s needs and support them to go out into the community or take part in planned activities. When we spoke with staff, they confirmed that there was always enough staff to meet people’s care, treatment and support needs. All four people had moved to the service in September 2015. Three people had moved from other services within the organisation and we found some people’s key workers and other staff had also moved with them to the service to provide continuity of care, this is beneficial for people with autism.

We looked at three staff files and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults. The organisation also completed ongoing random DBS checks of staff after the initial check. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider’s recruitment policy. The registered manager confirmed people who had previously used the service had been involved in the interview process with new staff, but there had not been any recent recruitment due to the stability of the workforce.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure

Is the service safe?

staff administered medicines correctly and at the right time. Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them. Relatives we spoke with confirmed their family members did not take many regular medicines and any changes were discussed with them. One person's records showed their medicine to manage their behaviour and anxiety had been reviewed by their consultant psychiatrist recently, this was being reduced as their condition had been so stable.

Systems were seen to be in place to protect people's monies deposited within the service for safe keeping. Each

person had a risk assessment and care plan in place to support the management of their personal finances. Individual records were maintained with two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

The organisation had a business continuity plan which addressed risks to the running of the service, such as the need to evacuate the premises due to a power failure or flood. Fire equipment was regularly serviced. Regular checks on utility systems, equipment and vehicles were in place to ensure that risks were minimised and people were supported in a safe environment.

Is the service effective?

Our findings

People who used the service told us they liked the staff. Comments included, “I like [Name of support worker]” and “Staff are nice and friendly, they teach us how to do things and do activities with us.” People also told us they liked the meals. They told us, “Burger and chips are my favourite and I’m cooking this tonight. I like KFC when I go out, everyone knows that”, “We talk about the menus at the meeting, we all choose” and “I like pizza.”

Relatives we spoke with all told us the staff were very skilled and competent. One parent told us, “Staff have always been trained to manage seizures and I am confident that their competency keeps him safe. I continue to be amazed by the dedication, resilience, commitment and enthusiasm of the employees at Linkage and feel that his safety and well-being is always paramount.” Comments from other relatives included, “Staff are very knowledgeable about how things work and how things should look”, “Fantastic staff”, “The staff are all very dedicated and skilled. Nothing is too much. They are extremely good at what they do” and “Staff are well trained, I’ve been impressed by that. They understand our young people. What I like is that there is a good mix of staff; both mature and young, male and female; this means he has a range of role models who he can go to for different support.”

Staff we spoke with understood people’s routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their preferences. We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective

signs, symbols, pictures and gestures, this approach supported staff to create meaningful interactions with the people they were supporting. Care records contained clear guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to how they wanted to spend their time, activities, college, meals and about their care and support.

We saw people who used the service had health action plans in place that gave an overview of their health needs; this was available in both written and easy read format.

Records we checked confirmed people had been supported to maintain good health and had access to healthcare services, although most people accessed routine healthcare and dental appointments in the college holidays. People’s weight and wellbeing was checked regularly. Staff confirmed some people’s weight was affected by changes in routines and increased levels of anxiety which was monitored closely.

The registered provider’s transition team worked with the college and service staff to complete assessments for all the new students and also to support them moving on to new placements or home when their courses completed. Relatives we spoke with confirmed the registered manager had been fully involved in the admissions process and had been very open and supportive. One person was due to leave the college this term and transition arrangements were in place to move to one of the registered provider’s residential services. Staff described how they were supporting the person with the move which involved, visiting the new placement, spending time with the occupants, choosing a bedroom and how they wanted it decorated. A member of staff told us, “They were getting a bit worried about the move so we have done more planning and increased the supported visits recently, which have helped.” The person told us, “I’m moving soon. I’m going to have a Chelsea bedroom and I’ve got my own games room for my PlayStation. It’s good.”

People were involved in decisions about what they ate and drank. Their dietary preferences were recorded and any support they needed with eating and drinking, for example, one person’s record directed staff to cut the person’s food up to discourage over filling their mouth when eating. Some people had meal time routines associated with their autism. Staff described the progress people had made with their behaviour around food, for example one person had preferred to eat alone in their room and now had their meals in the dining room with their peers. Records showed people were consulted each week about their meal choices and a menu was agreed. They were also involved in shopping and preparing each meal with support from staff. We saw the menus were posted on the notice board in the dining room in written and pictorial formats. Some people used the PECS [Picture Exchange Communication System] which uses symbols and pictures of objects to replace words, such as someone’s favourite food. Staff confirmed the PECS aided people’s understanding and increased their involvement and choice.

Is the service effective?

People were supported by a very stable staff team who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Records showed us staff completed an induction and they had access to a range of essential training and also training which was specific to the people who used the service. This included Team Teach (British Institute of Learning Disabilities accredited non-abusive psychological and physical intervention training), epilepsy, autism, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The majority of the staff had also completed an NVQ (National Vocational Qualification in Health and Social Care).

The staff we spoke with confirmed they completed both face to face and E-learning training to maintain their skills. Staff told us their training was relevant and covered what they needed to know. One member of staff told us how impressed they were with a new sensory course about living with autism. They said, "It gives you a really good insight into what sensory overload a person with autism may experience from a simple walk to the shops. You can see things from their perspective and why they may be standing on the pavement for 10 minutes because for them there is such a lot going on."

Training needs were monitored through individual support and development meetings with staff. These were scheduled every two months. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices, and opportunity was given to discuss any difficulties or concerns staff had. Records showed staff had received an annual appraisal of their work performance.

CQC is required by law to monitor the application of the MCA and DoLS and to report on what we find. The MCA sets out what must be done to make sure that the rights of

people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require registered providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications for three persons at the service had been submitted by the registered manager and were awaiting assessment or authorisation. In addition, the registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken. For example, one person needed to take their medicine hidden in their food and another person required referral for a hospital dental assessment.

Staff told us they had been trained to deliver 'positive behaviour support approaches' to manage behaviours that challenged the service. These minimised the use of restrictive practices and reduced the use of physical interventions. Discussions with staff and the registered manager evidenced that restraint practices were not currently used in the service as all persons responded well to the positive behaviour support approaches in place. Staff described how the organisation's clinical psychologist had provided specific support for one person around developing a strategy for their behaviour and this had been successful.

The staff we spoke with demonstrated a good understanding of involving people in decision making and acting in their best interest at all times. Staff were clear about how they gained consent from people regarding care and support tasks and we observed this in practice.



Is the service caring?

Our findings

People told us they were happy with their care and liked living at the service. They told us staff respected their privacy and they had meetings with their key worker to talk about their care. Comments included, “We talk about my care and any problems I’ve got. They help me with things”, “I like my keyworker, we have a joke” and “They always knock on my door and tell me who it is. They know I don’t like getting up in the mornings.”

Relatives were complimentary about the care and approach from staff. Comments included, “Personally I feel able to relax because [Name] is safe and happy. He is certainly afforded the care, respect and safety to which he is entitled”, “The move to the smaller house was partly our suggestion, it’s working well and he’s very settled already. The progress he is making with the support from the college and care staff has been fantastic; they have a really caring and patient approach” and “We have always felt very welcomed.”

Relatives described communication with the staff as excellent. They told us, “[Name] is a happy young man within the Linkage community. I am able to communicate with them day and night. I am listened to and any changes which may benefit [Name] are considered. Those changes are both ways and I have developed as a parent through their guidance recognising how I need to adapt to him becoming a young man with independence from me”, “They keep us informed about everything”, “A good example of how communication has been met has been through the provision of an iPad [electronic tablet computer] so we can face time [direct personal interaction/contact] with staff encouraging him to listen to my voice so he can say ‘hello.’”, “It is a real team effort, I can talk to [Name of registered manager] about anything and he listens. We discuss approaches and what is working well and what we need to tweak.”

We found the service was caring and people were respected by staff, treated with kindness and were listened to. We saw many examples of mutual respect and genuine caring between people who lived at the home and the staff supporting them. There was a key worker system where people who used the service were allocated specific members of staff to support them. The staff took time to build up relationships and trust with people and their families. In discussions with staff it was clear they had a

good understanding of people’s personalities, interests, their aspirations, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with. Staff spoke about people in a compassionate way that demonstrated empathy and affection for them.

Staff confirmed that communication was good within the service. They described how information was communicated effectively between shifts by verbal handovers, communication books and computer records. We spent time observing staff interactions and care practices in the communal areas of the home. Staff communicated with people in a way that respected their adulthood, their wishes and their views. They communicated effectively with people, which meant for some people, understanding their gestures and their body language. Staff used a variety of different communication techniques appropriate to each person’s needs. People were given time to process information and communicate their response. Some people in the service used a picture exchange communication system (PECS) whereby people used pictures of items to initiate communication with others. The registered manager explained how they had provided one person with an iPad and this had enabled more effective communication with his family. The staff had worked with the family to introduce the use of the device and now the person was confident with ‘face-timing’ his family on a regular basis.

We observed staff chatted and joked with people who used the service and they were confident and comfortable in the company of staff and their peers. Where people became excited or anxious we observed staff provided positive support and direction to calm them. Staff told us how one person was now choosing to spend more time out of their room with their peers since they had moved to the service and how they appeared more comfortable living in a smaller house with fewer people.

People were actively involved in developing their care, support and educational timetables including all aspects of their social life and were supported by staff that were competent and had the skills to assess their needs. Staff made every effort to make sure people were empowered and included in this process. They involved family in decisions about the care provided, to make sure that the views of the person receiving the care were known, respected and acted on. Staff told us that routine was very



Is the service caring?

important to the people who used the service and so care plans and timetables were carefully followed, however people's wishes were respected if they did not choose to participate in planned activities or it was considered in their best interest due to changes in their health and wellbeing.

We found a positive approach to promoting people's right to independence and a 'can do' attitude was clearly demonstrated by all the staff and reflected the organisation's values. Staff described how each person received tailored support to meet their individual needs, enabling them to become actively involved in community life and educational activities. They described people's progress with their programmes and the positive results they achieved. One person's relative told us, "For us it's the little steps he's taken, they are so significant and positive." Staff told us it was very rewarding to see people's progress from the start of their college programme to when they graduated.

Care records showed people were supported to maintain their independence in areas such as their activities, personal care and activities of daily living such as shopping, cooking, cleaning and laundry. This was observed during the visit when people were supported to put their clean clothes away in their room, wear their new Christmas jumper to attend a party, prepare and cook the evening meal, set the table, clear their plates away after the meal and do the washing up. We saw staff were patient and consistent in their approach. Some people needed lots of encouragement to complete tasks whilst others needed support to focus their attention so they were safe. One person's relative described how staff were skilled in supporting people to be independent. They said, "His key

worker understands him so well and gets it so right. She is exceptionally caring but doesn't take any nonsense and is firm in approach when necessary. He responds really well to her."

The deputy manager told us that if anyone was admitted to hospital, a member of staff stayed with them day and night to ensure the person received appropriate care and did not become scared or anxious. This meant people who used the service had someone with them who knew them well so they felt secure and cared for when spending time away from the service. One of the relatives described how a member of staff had ensured her son had all his important possessions with him when he was taken to and admitted to hospital, they said, "[Name] replicated everything I would have done as his mother."

We heard staff address people respectfully and explaining to people the support they were providing. Staff were friendly, considerate and polite. We saw and heard staff knocking on people's doors and waiting for a response before entering. Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would promote these values.

People who used the service had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. The registered manager confirmed none of the people who used the service currently accessed this support but people had in the past to support decisions such as staying in the area or moving nearer home after leaving college. We saw people's personal information was kept in the main office which was locked when no one was in the room. People knew where their information was and how to access it. Some personal information was stored within a password protected computer.

Is the service responsive?

Our findings

All relatives we spoke with were very complimentary about the admission process and their involvement in care planning and their relative's timetable. Comments included, "We came to the open day and were fully involved in the assessment process. When we saw the college facilities and the house it felt right for us as a family", "They appreciate parents go through a massive journey and support us as well", "As a parent of a young person with complex needs and limited communication skills, I am not sure I believed that anybody would be able to provide for my son as well as I did / can. Our journey with Linkage has challenged my self-perception; each employee I have met has evidenced to me that [Name] is an individual and his needs and wellbeing within that community are well thought out and planned" and "As staff become more familiar with [Name] there is greater opportunity to expand his development and independence. From regular communication I am confident in saying that safety risk assessments are regularly re-assessed and revised according to his development."

People's relatives also made very positive comments about the progress with involvement and more independent living their relatives were making. One person said, "He has made such progress, it has been fantastic. His timetable has worked so well. Staff told me he managed to strip his bed last week without any prompts, it's little things like that which show how much more independent he is becoming" and "This has definitely been the right thing for [Name] he is maturing, coming out of his shell and having a fabulous time."

We observed how people received consistent, personalised care, treatment and support. They and their family members were involved in identifying their needs, choices and preferences and how they should be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided.

People were encouraged to develop new relationships and the service had an established social network with other houses within the organisation and community based social groups to enable people to meet up at planned events. We saw people were fully supported with activities in the local community visiting local shops, discos, drama

club, the cinema, bowling centre, restaurants and the leisure centre. Staff described the progress some people had made with their participation in activities both in the service and the local community. For example, they told us how one person had recently visited the swimming pool and had entered the pool without prompting or support from the accompanying member of staff and enjoyed their time in the pool. They explained how they had been supporting the person to visit the pool on a regular basis and at first the person would not leave the changing room and then it had taken weeks for the person to do more than put their foot in the pool. This demonstrates the consistent and patient support people received to try new activities and lead a full life.

The four people at the service all attended the college on a week day or accessed support at the service from independence tutors; they participated in a range of vocational, educational and personal development programmes tailored to the individual. We found people were encouraged to promote their life skills within the home and the community. Staff gave us lots of examples of how each person's independence had developed during their stay at the service. Such as, one person was now independent with their personal care, needed some background support from staff with meal preparation and was gaining confidence with road safety and managing small amounts of money.

We observed the support another person received to prepare the evening meal. The support worker gave clear and measured direction, prompts and encouragement throughout the task ensuring the person was appropriately supported and safe. The person completed the meal preparation well and it was clear from the interaction with the member of staff this had been a very positive activity.

We looked at the care files for two people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file were in a pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad,

Is the service responsive?

their personal attributes and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way were available.

People's care plans were reviewed monthly, after individual meetings with their key worker, this ensured their choices and views were recorded and remained relevant to the person. We also saw care plans were revised where necessary to reflect the outcomes from the transition planning meetings. Records of these meetings showed how all aspects of the person's progress in meeting their identified educational and independent living goals were reviewed and any changes needed or additional support were discussed.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. Records showed concerns were always discussed at the regular key worker meetings. We saw that no complaints had been received since our previous inspection. The registered manager explained how they encouraged relatives to talk about any issues or concerns so they can be addressed at an early stage. Relatives spoken with confirmed they had never had the need to make a complaint, but were aware of the organisation's complaint policy. One person told us, "When my son moved to Linkage it was new for all the family and this takes time to come to terms with. I can talk with any of the staff, they are great. They always listen and act on what you say."

Is the service well-led?

Our findings

When we asked people's relatives about the management of the service, all the comments we received were positive. These included, "I want a five star service, I want the best for my son and I haven't been disappointed yet", "Within the first few days he was there we knew he was in the right place. They involve us with everything", "We have opportunities to comment on the service through our regular contact but also through planning meetings and surveys. We also have parents evenings now", "They have just sent us the outcomes from the surveys we completed, they keep us informed" and "The manager and all the staff are terrific, we have always been very satisfied with all aspects of the service and organisation."

The registered manager was very experienced and had managed this service and others within the organisation for a number of years. People who used the service and their relatives knew the registered manager and we observed how people who used the service approached him and his engagement with them. It was clear the registered manager knew people's needs well and had developed positive, professional and caring relationships with them. We found the registered manager and the staff team spoke very fondly and sensitively about the people who used the service.

The organisation had gained 'Investors in People', which was an accreditation scheme that focussed on the registered provider's commitment to good business and people management. The most recent Ofsted Inspection in 2013 rated the college as 'Good with outstanding outcomes for students.' The co-founder of the organisation and Director of Care, had recently won a national award. This award is presented to an individual who is judged to have made a long-term outstanding contribution to the lives of people with a learning disability and/or autism. Staff received remuneration for long service.

Staff were provided with handbooks which explained what the expectations were of their practice. It also described the organisation's vision. This was described as promoting a 'society in which disabled people are seen as people first and are able to live fully- integrated lives.' The mission was to 'deliver excellent education, employment, care and

support by providing flexible services to meet individual needs, reflecting individuals' uniqueness, their personal aspirations and goals, and giving them optimum control over their lives.'

Staff told us how the organisation's values were embedded on a daily basis through training, supervision and daily discussions. One member of staff said, "They are on the computer screen saver and posted around the organisation, they are integral to everything we do." One member of staff told us they were on the Staff Representatives Group which included staff from all sectors of the organisation who met quarterly to discuss relevant issues. Recently they had looked into the fleet vehicles and had made changes to how these were allocated and accessed.

The registered manager told us they were supported by a senior management team and by having regular meetings with the registered managers of other services within the organisation. They told us the meetings were a forum where they could share best practice and discuss ideas to improve the service. College open days and parents evening meetings were held which staff from the service supported. One relative we spoke with said they had recently attended the parents evening meeting and it had gone very well; they had had the opportunity to discuss all aspects of their son's learning and support programmes.

We saw a system was in place to monitor the quality of service people received. This included a range of audits, meetings and surveys to obtain the views of people who used the service and their relatives, and observations of staff practices. The registered provider had developed a new five year strategic plan.

An annual survey had been carried out in 2015. It gathered views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. The majority of responses were very positive, with an overall rating of 90.2% of all people who used the service expressing their satisfaction with it. We found the results for the relative's surveys weren't linked to specific services and discussed this with the registered manager who agreed that more specific surveys would be advantageous in that they would provide clearer information and identify shortfalls more easily for each service. For example, if it was an educational or residential issue as the organisation provides both

Is the service well-led?

education and residential services. They confirmed they would share this information with the senior management team. Relatives we spoke with confirmed they had completed surveys and were always provided with written feedback about the outcome of such consultation.

The quality monitoring programme included a structured programme of peer reviews by registered managers from other services within the organisation. Records showed these quality reviews covered all aspects of service provision and were generally completed every two months, although the college holidays impacted on this. We looked at the latest review which was carried out in June 2015. This showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed the registered manager regularly completed a range of internal checks of areas such as care

plans, personal finance accounts and medicines management, results of these internal checks were positive. The medicines systems were also checked each year by the contracted pharmacy.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out. All these measures meant the registered provider was carrying out ongoing checks to ensure the care provided and the environment people lived in was maintained to a good standard.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.