Linkage Community Trust Limited(The)

Dunsford

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 2 June and was unannounced.

The home was registered to provider accommodation and personal care for 10 young adults who had learning disabilities or autism. The home had a two bedroomed flat, which had it's own kitchen and lounge areas. It was shared two people who were being supported to become more independent. It is located in the town of Spilsby in Lincolnshire. There were eight people living at the home when we inspected.

There was a registered manager at the home. 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. People's abilities to make decisions were assessed and where necessary DoLS authorisations were in place.

People received care from a staff team which was supported to develop and maintain the skills needed to provide safe care through ongoing training. The provider had identified the required staffing levels to ensure people were supported and that individual's one to one hours were respected. The provider completed appropriate checks to ensure staff were safe to work with people living at the home.

Risks to people while receiving care were identified and care was planned to ensure that people were safe. Medicines were safely managed and available to people when they needed them.

Staff were caring and supported people to lead an active life and to take advantage of opportunities presented to them. People were fully involved in planning their care, knew what was written in their care plans and were able to access the plans whenever they wanted. People were also asked for their views on the care they received and the registered manager took account of those views to improve care. The provider had effective systems in place to monitor the quality of care provided.

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.

There were enough staff to meet people's needs.

Risks to people were identified and staff knew how to keep people safe from harm.

People's medicines were safely managed and available when needed.

Is the service effective?

Good

The service was effective.

People's rights were protected under the Mental Capacity Act.

Staff received appropriate training and support.

People were supported to make choices around their meals.

Is the service caring?

Good

The service was caring.

People were fully involved in planning and making decisions about their care.

Staff were kind and caring and responsive to people's emotional needs.

People's privacy and right to a private life was respected.

Is the service responsive?

Good

The service was responsive.

People were happy living at the home and supported to raise concerns if the care did not meet their needs.

People were supported to access the community independently.

People were able to participate in a wide range of activities.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not always told us about incidents they are required to tell us about by law.

The registered manager was supportive and asked people their views on the care they received.

The registered manager had effective systems in place to monitor the quality of care provided.

Dunsford

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 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.

This inspection took place on 2 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived at the service, two visitors to the service and spent time observing care. We spoke with a senior care worker, a care workers and a manager.

We looked at two care plans and other records which recorded the care people received. In addition we examined records relating to how the service was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Staff had received training in how to recognise risks to people's safety and were clear on the action needed to keep people safe. Staff knew how to raise concerns both within the company and with the local authority. One member of staff told us how keeping people safe involved ensuring incidents were investigated to stop them reoccurring and ensuring that care met people's needs. They were also aware of the importance of documenting any bruises or injuries to people to see if any patterns occur and if anything can be done to stop repeated injuries. For example, by changing equipment.

There were systems in place to safeguarding people's money. Where people did not have the ability to manage their monies independently, staff helped them and ensured that they had sufficient money to spend when they went out. Detailed accounts were kept to monitor how and went the money was spent.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, where people had been assessed as being able to travel independently they had a mobile phone so that they could contact the home at any time for reassurance and advice or to ask for help.

Where people displayed distressed reactions that may harm themselves, staff or others it was fully recorded in their care plan, along with the actions staff needed to take to keep people safe. All accidents and incidents were recorded and appropriate action had been taken to ensure people were safe and to reduce the risk of further similar events.

People living at the home told us that they liked all the staff. One person said, "They are lovely." The registered manager explained to us how staffing numbers were planned in advance and how staff got their rotas in plenty of time to raise concerns if they were unable to work certain days. On a daily basis the staffing placement was flexible and adapted to meet people's needs. We saw people's one to one support needs were fully supported by the rota

The provider had systems in place to ensure that people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the service.

Medicines were well managed and available to people when needed. Accurate records of what medicine people had taken and when were kept. Where people were able to they were supported to be involved in managing their medicines. For example, one person would know that they needed to take their medicines and would request that staff help them. In addition some people were supported to keep their own records around what medicines they have taken.

Good

Is the service effective?

Our findings

New staff had completed a structured induction to the home which included completing the care certificate. The care certificate is a national qualification which contains the basic information staff need to support people safely. Alongside the qualification staff also worked with more experienced staff to understand people's needs.

There was also an ongoing training plan to keep staff skills updated and refreshed. However, when we checked the records we saw some staff were behind in completing training which the provider required them to do. We discussed this with staff who told us it was their responsibility to ensure that they registered for the training courses they needed. The registered manager told us they were aware of this and had discussed with the staff members the need to access the training.

Staff had regular time set aside to meet with their line manager on an individual basis to discuss their recent performance at work. During this meeting staff were able to update their manager on their training progress on what training still needed to be completed. In addition staff also had time once a year to discuss their career aspirations with their manager and any additional training or support they needed to develop their career.

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 were supported to make the decisions they were able to make. For example, information was given in easy to access ways and staff were available for people to talk to. However, we saw for where people may not be able to make more complex decisions their ability to make each decision was assessed. When they were unable to make a decision we saw best interest decisions had been made for the person with involvement of family, care workers and healthcare professionals.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager had reviewed people's abilities to decide where they wanted to live and assessed if they were under constant supervision. Where necessary applications had been submitted for people to be assessed by the DoLS authority. Three people living at the home had a DoLS in place no one had any specific conditions attached to the DoLS.

All the people living at the home could eat independently. People told us they were happy with the food offered. They had a menu planning committee to identify what food was put onto the menu each week. Within the menu planning committee they discussed the need for healthy eating and this was reflected in the menu.

Where people had diabetes, staff were aware of the problems this may cause the person in terms of high and low blood sugars and how they needed to monitor their food. They helped people to manage their eating habits to coordinate with their insulin prescription and to maintain health blood sugar levels.

People living at the flat were supported to cook their own meals. However, staff were aware that at times one person did not always choose to cook for themselves and choose to buy ready prepared food. Staff were working with this individual to motivate them to cook more and to monitor the impact choices had on their health.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed. People were also supported to access preventative healthcare such as screening for diseases and had a health action plan in place.

Good

Is the service caring?

Our findings

Family members told us how their relative looked forwards to returning to the home after being out. They said that their relatives were always happy to be home and that the other people living at the home were pleased to see them. They told us, "We have no qualms about [Name] being here and are confident that [Name] is happy and well cared for."

People had been supported to decorate their bedroom in a style they chose. One person had recently chosen a new bed and told us how lovely and comfortable it was. Other people had family pictures and other pictures they had chosen displayed in their room.

We saw that the home was responsive to people's emotional needs. One person who had experienced a recent bereavement was struggling at adapt to life without a family member. Staff supported this person when they felt upset and helped them to remember happier times with the person. They had also arranged for the person to have some bereavement counselling.

People living at the home were fully engaged with developing their care plans, knew what was recorded in them and could access them at any time they wished. Two people showed us their care plans. They were happy that the care plans accurately reflected their needs and supported them to lead an active life and to develop their skills to increase their independence. People had signed their care plans to show they were happy that the plans reflected their current needs.

Where people needed support to make decisions or to express their views over the care options available for them they were helped to get access to an advocate. An advocate is a person who spends time getting to know the person and what they want and who can then speak for them in meetings to ensure that their view is understood and taken into account when decisions are made.

The provider, registered manager and staff took time to ensure that people's communication abilities were supported and maximised to increase their understanding. For example, the provider's mission statement was displayed in the house in pictorial format so that people who may not be able to read could still access the information. In addition we saw that while we were speaking to a person, care staff had identified that their responses were not as they would normally respond. They recognised that maybe the person was having trouble hearing us and helped the person to replace their hearing aid batteries and to clean their hearing aids. This improved the communication for this person.

We saw that staff respected people's personal boundaries and spaces. For example, we saw that staff knocked on doors before entering people's rooms. Where people were living together in the flat the staff worked to ensure people's personal boundaries were maintained and that they worked together to keep the flat neat and tidy.

Staff also supported people to look smart. For example, staff told us how they supported one person to co-ordinate their outfit as they liked to look nice but struggled to put outfits together themselves. This helped

the person feel more confident when they were out in the community.

While people's one to one support needs were identified and respected staff also ensure that at times they stayed in the background. This gave the person space and time to be independent and to have some time when they were not under supervision.

Staff were aware that some people living at the home had or would like a personal relationship. Staff worked to support this, and ensured that the people had access to professional guidance for emotional support and to understand about consent in personal relationships.

Good

Is the service responsive?

Our findings

One person living at the home indicated to us that they were happy there when we asked them if they liked it at the home. We saw that people were settled and contented during the visit and were happy to approach staff for support and guidance.

People had been allocated a key worker. One person told us that they liked their key worker and if they had any problems they could go to them for support and guidance. People were engaged with planning their care to ensure that it met their needs. One person told us about the monthly meetings they had with their key worker to review how the previous month had gone and if any changes were needed to their care plan over the coming month.

As well as the ongoing monthly reviews people also had an annual review. At the annual review family members who were involved with the person's care and social care professionals reviewed people's needs and goals for the forthcoming year and the support they needed to achieve their goals.

People were supported to understand their finances and how much money they had to spend. All the information relating to people's finances was available in people's care plans for them to review. The registered manager ensured that people had access to all the monies they were entitled to claim. This allowed people to be able to live an active life and to access the local community.

Relatives we spoke with told us how they were working with the staff to increase a person's independence and to transfer some of their reliance for family to staff. This was so if ever there was a time family could not support the person then this would not disrupt their care.

Where people were struggling to manage their continence needs, staff supported them to be able to maintain their dignity. However, there was an odour in one person's room and staff were not sure if they were adequately managing their continence issues or if further support was needed. Staff told us that they were aware of the issue and were monitoring it to see if any changes to the person's care plan was needed.

There was a lot of ongoing work supporting people to be safe in the community when they accessed it independently. Care plans identified what skills needed people needed to improve and how they would be supported to gain these skills.

People were supported to access a wide range of activities and there was a weekly timetable planned. We saw that it included things like going to the aquarium, bowling, and taking exercise classes. Family members we spoke with told us how people were supported to go on holiday and to go to festivals and that living at the home offered their relative opportunities they otherwise would not have had.

People living at the home indicated they were happy with their care and had no complaints. People's care plans included a copy of the complaints policy in a format that they were able to read and understand. People were given the opportunity to voice any concerns at their monthly review meetings. The registered

manager told us that had not received and formal complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to notify us about a number of incidents which they are required by law to tell us about. Notifications have not been received by the Care Quality Commission for safeguarding's or Deprivation of Liberty Safeguard (DoLS) approvals. We discussed this with the registered manager. They said they would ensure all notifications were submitted going forwards. We took this information into account when we rated the home.

There were regular meetings for people living at the home to discuss the care they received and if they felt any changes to the care could improve their lives. In addition people were included in some of the decisions around managing the home. For example, some of the people living at the home were included in the recruitment process so that they could advise if they thought a person being interviewed would interact well with the people living at the home.

People who lived at the home, their relatives and visiting health care professionals had been asked for their views about the care provided. We saw that the results were displayed on the notice board for people living at the service, relatives and visitors to see. The registered manger told us they were working on an action plan. Relatives told us they were happy with the care provided and that they could raise any problems with the manager and work with the staff as a team to resolve them.

Staff told us that the registered manager was supportive. One member of staff said, "The [registered] manager is approachable and supportive with problems. They will listen to any suggestions and we talk about things as a team."

Staff also explained how they worked across the provider's different homes. For example, if their registered manager was not available the provider ensured that they could access support from another of the provider's managers. We saw that the registered manager was on leave on the day of our inspection and another manager came to support staff through the inspection. Staff also told us how they look at how care is provided in the other homes and share good practice. One member of staff said, "If we visit a sister home and see something that works well we will take it back to the home and see if it works there."

The registered manager organised staff meetings. Records showed they discussed various issues that impacted on the care people received. For example, they had discussed the issue that Dunsford no longer had their own vehicle and that this had impacted on the people living at the home as they had to rely on borrowing a vehicle from another home. Staff identified that this had affected people's abilities to access activities as they did not have the money in their personal budgets to pay the staff's expenses when using public transport. The registered manager was working to resolve this issue.

The provider had a system of audits and checks in place to monitor the quality of the care people were receiving. For example, we saw that the medicine administration records were checked on a weekly basis and any issues identified were highlighted to the registered manager. Where issues were found the registered manager took action to try and prevent them reoccurring. For example, by speaking to staff in

supervisions and team meetings, and by arranging additional training.

In addition they completed an internal audit every six months and it identified areas where action was needed. For example, we saw that it had previously identified that supervisions had not been completed in corporate timescales and that staff needed to update their training files and action had been taken in these areas. To gather an external view of each home the provider asked a registered manager of another home to visit and complete an audit every two months. Again we saw that these had been completed and appropriate action taken where it was needed.