

Linkage Community Trust Limited(The) Rosslyn

Inspection report

41 Alghitha Road
Skegness
Lincolnshire
PE25 2AJ

Tel: 01754767106
Website: www.linkage.org.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Rosslyn on 13 July 2016. The inspection was unannounced.

Rosslyn is a care home situated in Skegness, a seaside town in Lincolnshire. The home can accommodate up to 10 people who experience needs related to learning disabilities and/or autistic spectrum disorders. The intended focus of the service is to enable people to live as independently as possible.

There was an established registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We refer to the registered manager and the registered provider as "the manager" and "the provider" throughout the report.

People's rights were respected and they were supported to make decisions and choices for themselves wherever possible. Staff understood how to support people to make decisions and choices in line with legal guidance. CQC is required by law to monitor the operation of 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, usually to protect themselves. At the time of the inspection one person was subject to a DoLS authorisation and we saw that the conditions of the authorisation were being met.

People were empowered to maximise the control they had over their daily lives. They were fully involved in planning the support they wanted and needed to receive. They were enabled to live a full and active lifestyle which matched their preferences and wishes. This included supporting them to effectively manage any anxiety or distress they may experience.

The manager and staff had a detailed knowledge and understanding of each person's needs and preferences and promoted a culture of equality, respect and dignity within the home. People were treated in a caring and kind manner. The manager and staff used creative and individualised approaches to support people to manage their emotional needs and develop a positive self-image and self-confidence.

People were supported to stay safe whilst maintaining their independence. They were fully involved in planning to reduce any identified risk and they were supported to understand why they were at risk in certain situations. Staff were knowledgeable about what constituted a risk for people and where they may be vulnerable to abusive situations occurring. They also knew how to report and manage situations of this kind.

Staff were provided with regular training and support which enabled them to carry out their roles in a knowledgeable and confident manner. They were subject to robust employment checks before they took up

their post to ensure they were suitable to work with the people living in the home. The manager made sure there were enough staff available to meet people's support needs.

The manager promoted an inclusive approach to the running of the home. They encouraged people who lived there, their relatives and staff to express their views and opinions and took action to address any issues that were highlighted. The manager and the provider carried out regular checks to ensure that people received a consistent and good quality service.

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.

People were protected from the risks of avoidable harm or abuse by staff who knew how to identify and manage such situations.

There were enough staff on duty and background checks had been completed before new staff were employed.

Arrangements were in place to ensure people's medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People's right were protected and they were supported to make their own decisions whenever they were able to.

Staff received appropriate training and support to enable to them to carry out their roles effectively.

People were supported to maintain their health and well-being and have enough to eat and drink to stay well.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth and dignity and their right to a private life was respected. This included security of their personal records.

Staff were responsive to people's emotional needs and encouraged people to express their views and opinions.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received individualised support which was responsive to their diverse and changing needs and preferences.

The creative and individualised approach to support displayed by the manager and staff provided clear therapeutic benefit for people.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were encouraged to voice their views and opinions about the service provided.

People were supported to play an active role in the running and development of the service.

Systems were in place to assess and monitor service quality and promote good team work.

Rosslyn

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 was 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 13 July 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about. We also took into account information that had been sent to us by other agencies such as service commissioners.

We spoke with four people who lived in the home and we looked at three people's support records. Some people who lived in the home had differing ways of expressing themselves such as using signs and gestures and some people chose not to speak with us. We therefore spent time observing how staff provided support for people to help us better understand their experience of living in the home. We also contacted two relatives following the inspection visit to seek their views about the quality of support their loved ones received.

We spoke with the registered manager, the deputy manager and two support workers. We looked at three staff recruitment files, staff supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People we spoke with said that they felt safe living at Rosslyn. Relatives we spoke with also told us they felt their loved ones were supported appropriately with their safety needs. One person described how staff supported them to stay safe when crossing roads and spending time on their own in the local community. Another person said, "I feel safe in the house, staff help me to understand security and keeping myself safe." A relative told us, "Safety is a priority for [staff]."

People told us staff supported them to understand the potential risks they could encounter as part of their everyday lives. An example of this was a person describing to us how to keep themselves safe around strangers when they were out on their own, or when they answered the front door. They also said staff helped them to understand how to keep their personal possessions, such as handbags and wallets safe. People's support records showed that they had been involved in assessing potential risks and planning how to manage them. We saw the management plans were regularly reviewed to ensure they were up to date.

Our records indicated that no accidents or near misses had occurred within the home during the six months preceding the inspection. We checked this with the manager and people who lived in the home and found this was an accurate reflection of the current situation. The manager and staff demonstrated their understanding of how to report accidents or near misses and the provider had a policy in place to support this.

People told us they were supported to understand what to do in emergency situations such as a fire. They knew what to do if they heard the fire alarm and where to evacuate to. They told us and records showed that fire safety systems were checked regularly and fire drills were carried out. We also saw that the provider's business continuity plan was available in words and pictures so that everyone could access it. This is a plan which sets out the arrangements which are in place to address emergency situations.

People were supported to ensure their personal money was kept safe. One person kept some of their own money and told us they liked staff to look after the rest until they needed it. We saw people's personal money was kept securely and staff regularly completed balance checks and kept purchase receipts. We saw this process when a person requested money to have lunch out. The person was involved in checking the money and signed to say they had taken it. This meant that people were assured their personal money was protected.

People told us they received their medicines in the way they had been prescribed. One person showed us that staff supported them to understand the medicines they were taking by explaining what they were for and how they would help them. The processes in place for the ordering, storage, administration and disposal of medicines were in line with national good practice guidance. This included those medicines which required special storage and recording systems. Records for the administration of people's medicines were completed appropriately. No-one who lived in the home at the time of the inspection was in control of their own medicines; however the manager and staff were knowledgeable about the safety processes they would follow if someone chose to do this. Staff who administered medicines had received training about

how to do this safely. During the inspection we saw a recently appointed member of staff was being supported through a supervised programme of administration until they were assessed as competent to administer medicines without support.

Records showed and staff told us that they received regular training about how to keep people safe. Staff knew how to report concerns for people's safety using the provider's policies and procedures. They also knew which external organisations they could report concerns to such as the police, the local authority and the Care Quality Commission. There was information around the home for people and staff to refer to if they had any safety concerns and this was presented in words and pictures so that everyone could access it.

People who lived in the home and staff told us there were enough staff on duty to support people with their needs and wishes. Staff rotas showed that the numbers of staff required to meet people's needs were consistently on duty. This included the fulfilment of individual support hours that some people received. The manager told us that they were currently advertising for an additional support worker to improve the flexibility of the staff rota in meeting people's changing needs and wishes.

Records showed that the provider had carried out background checks on staff before they commenced employment. Staff we spoke with confirmed they had experienced this part of the recruitment process. The provider had checked areas such as employment history and obtained references from previous employers. They had also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with people who lived in the home.

Is the service effective?

Our findings

When new staff started to work at the home they were supported to undertake a comprehensive programme of induction training. This included the completion of a set of nationally recognised induction standards. This meant that new staff had the opportunity to develop the appropriate skills and knowledge to meet people's needs and wishes in a structured and supervised way. A newer member of staff told us they had benefitted from this approach to induction training and it had helped them to develop their confidence to work without direct supervision. They told us they had time to get to know the people who lived in the home and how they liked to be supported.

Records showed, and staff told us, that there was a regular training programme in place which enabled staff to update their skills and develop their knowledge. This programme included training that the provider said was essential such as fire safety and food hygiene. The programme also included training which was related to people's assessed needs such as communication, behavioural support and managing risk.

Staff told us they had regular time set aside with the manager or senior staff to discuss their work performance, training needs and any issues they may need support with. Records confirmed this and showed that individual meetings also included discussions about issues such as promoting dignity and respect for people. The manager told us this approach helped the team to develop their practice and staff we spoke with echoed this view. People we spoke with, and their relatives, told us they thought staff were well trained. They also said that newer staff were guided by more experienced staff in how to support people in the right way.

The staff training programme included courses which helped staff to understand and follow legal guidance when supporting people with making decisions. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated their understanding throughout the inspection. We saw examples of staff supporting people to decide what they wanted to do with their day and what they wanted to eat. One person also told us how staff had supported them to make more complex decisions about their future health needs. They said, "The staff helped and advised me, they didn't tell me what to do, they never do and they give me information." People's support records showed the level of support they needed to make decisions for themselves. Where people were not able to make a decision we saw that staff had followed the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

The manager and staff understood what constituted a restriction to someone's freedom. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person living in the home at the time of the inspection was subject to a DoLS authorisation and we saw that the conditions of the authorisation were being met.

People we spoke with told us they were satisfied with the arrangements in place to support their nutrition and hydration. This view was supported by the relatives we spoke with. People told us they had regular

meetings to decide upon the types of food they wanted on the menu. They said that the menus were there to help them make decisions but they could choose what they wanted for each meal. We saw that the people who lived in the home were able to eat and drink independently and many of them liked to help prepare meals. We saw two people choosing and preparing their breakfast and lunch meals with staff support.

Two people described how staff offered them support and advice with regard to healthy eating. One of the people told us how staff supported them to get weighed regularly in order to help with their chosen weight reducing diet. Record showed that staff offered everyone the opportunity to get weighed regularly. A staff member told us this helped to identify at an early stage if people needed extra support with their nutrition.

Everyone we spoke with, including people's relatives, told us they were supported by staff to ensure their daily and longer term health needs were met. People spoke about having eye tests, going to the dentist and seeing local community nurses and their GP's. The manager told us and records confirmed that people were also supported to have vaccinations when necessary, regular medication reviews and access to health monitoring services such as 'well-woman' and 'well-man' clinics.

Is the service caring?

Our findings

People told us they enjoyed living at Rosslyn. One person told us, "I like living here, it's in a good location and there's loads to do and the staff care about me." Another person said, "I love it here, I love the staff, I'm happy." Two other people made a 'thumbs up' sign when we asked if they were happy living at the home. People's relatives also described staff as "very caring" and "supportive".

Throughout the inspection visit we saw people's need for privacy and personal space was respected. Staff knocked on doors to people's rooms and waited to be invited in. Everyone had their own bedroom and two people invited us in to their rooms. They told us they chose how they wanted their room decorated and they maintained their room in ways that were comfortable for them.

There was enough space within the home to ensure people had the opportunity to spend private or quiet time in rooms other than their bedroom. One person told us, "I sometimes use the lounge next to my bedroom because it's quiet and not a lot of people go in that one."

We saw staff were guided by people in respect of the timing and the nature of support provided. An example of this was a member of staff offering support to a person with bathing and household chores as set out in their support plan. The person said they were not ready to be supported at the time offered so the staff member respected their wishes and returned at the time the person said was more suitable to them. This approach to supporting people meant that people could have as much privacy and independence within their daily lives as they were able to have.

One person who lived in the home told us how staff helped them to "look nice". They told us this made them feel "good" about themselves. A relative told us, "[My loved one] has definitely benefitted from living at Rosslyn. Their self-esteem had increased." We saw an example of staff helping to promote a person's self-esteem. The person chose a staff member to help them style their hair and paint their nails and they showed pleasure at the positive comments they were given about their appearance. The person showed us that their support plan included all of the activities they wanted to help them maintain their appearance, such as regular visits to the hairdresser and beauty salon.

From the discussions we had with people, and from their support records, we saw they were supported to develop and maintain their personal relationships. This included family, friends and partners. One person told us how staff helped them to see their family regularly and relatives told us they were encouraged to visit people at the home and felt welcomed when they did.

Throughout the inspection we saw that people who lived in the home and staff displayed a mutual respect towards each other. Conversations were conducted in a mature manner and everyone displayed common social courtesies towards others. We saw that interactions between the people who lived there and staff were warm and friendly and they enjoyed jovial banter and a lot of fun. A person told us, "We do have arguments or get fed up with people but that's normal and we always talk about it and make up."

People told us they felt able to express their views and opinions to staff and the people they lived with. They told us they had meetings where they could share their views and everyone listened to each other. People also told us they were supported to express their opinions about national topics and exercise their right to vote in elections and referendums. One person told us how staff had helped them to understand the information they needed to decide how to cast their vote in a recent referendum. Staff were aware of how to help people access professional or lay advocacy services if they wanted someone independent of the home to help them express their views. We saw there was information displayed within the home to help people who lived there and staff to do this.

People showed us their personal information was kept in an office area that was locked when not in use. People said they could see their personal records, such as support plans, whenever they wanted to and were confident their records were kept private.

Is the service responsive?

Our findings

People were enabled to be fully involved in deciding what support they wanted and needed, and how that support was provided for them. One person told us, for example, they spoke with their keyworker regularly about topics such as new things they wanted to learn or how their work placement was progressing. This meant that people's changing needs and preferences were responded to in a timely and appropriate way.

People described to us how they had been involved in developing their support plans and told us that they signed their plans to show they had been involved. The plans set out clearly what support people wanted and needed in relation to all aspects of their life, including healthcare, emotional support and social activities. The support plans were set out in ways that enabled people to make full use of them, for example, pictures or photographs were used when people preferred this format.

Staff helped people to develop individualised lifestyle plans which took account of issues such as equality and the diversity of people's interests. The plans included support to engage in paid or voluntary work within local businesses, attending colleges, time to develop their independence skills and time to develop their social life.

People told us they enjoyed many and varied social activities. They said they enjoyed going to local pubs and karaoke evenings. They talked about being supported to take foreign holidays, go to wrestling matches and we saw one person was enabled to maintain regular attendance at a local gym. Records showed, and we were told, that sometimes people had similar interests to staff members who would then help the person to develop those interests. One example of this was a person who was supported to join a local hockey club which a member of staff belonged to. The staff member reduced and eventually withdrew their support when the person had developed the confidence to manage their own membership of the club. We also saw that some people had shown interest in and had been supported to take part in a stage show performed at a local theatre. We found that they spoke in an uplifted and happy way about their experience of this.

Records showed that people were able to review their support plans with staff at least once a month. This meant that the information remained current and people could see their progress with development plans. Each person also had an annual review of the support they received. These reviews included anyone who was important in the person's life such as relatives or health and social care professionals. Relatives told us they were included in support reviews and staff communicated with them about topics that were important to their loved ones.

We saw that each person had a keyworker and regular time was set aside for people to spend with them. Everyone we spoke with knew who their keyworker was. The manager told us that people had a choice about who their keyworker was and people confirmed this when we spoke with them. This meant that people could choose keyworkers with whom they felt comfortable to share their thoughts and feelings and who they had confidence in.

People were empowered to find their own solutions to any problems they experienced. This helped them to

develop confidence and an awareness of issues such as human rights. Three people talked to us about discussions they had regarding issues such as bullying and disrespectful behaviour that some of them had experienced from other people they lived with. They told us they had decided as a group that they wanted to set out the behaviours that would not be acceptable within their home. They also said they wanted reminders of their decisions to be placed around the home so that people did not forget them. They said staff had supported them to develop a set of acceptable standards of behaviour and we saw they had also supported people to display the standards as they wished. A person told us, "It works for us; it makes us feel safer in the house."

These approaches to supporting people meant that they were enabled to take ownership of and control the ways in which their lifestyles developed. They were also able to develop wider social networks and take an active role in their local community. We found people presented a proud and confident manner when they spoke about the way they were enabled to live their lives. They told us they felt valued and respected by the people they lived with and as part of the local community.

People told us staff were always willing to listen to their personal problems and enabled them to find ways to resolve them. They told us staff guided and supported them to stay safe within any close relationships they chose to have. A person described to us how staff were "very supportive" when they experienced emotional issues such as the breakdown of a close relationship. The person said this made them feel that staff cared about them and did not judge them which had helped them to move on with their life. We also found that staff understood the impact that bereavement had upon people and how everyone coped with the situation in different ways. We saw that staff found creative ways to support people through their grieving process. One example of this was where staff had supported a person to write stories to help them express their feelings of loss and sadness, which they would otherwise have found difficult to do. This enabled the person to develop future coping skills and have a better understanding of their life experiences.

People we spoke with and relatives told us they felt staff knew people "extremely well." A relative said, "[The manager] and staff know [my loved one] inside out." Another relative described situations in which staff knew people well enough that they were able to identify early on when a person could become distressed and took actions to help the person remain calm. We saw this type of support early on in the inspection. Staff used calm and reassuring voice tones, gave clear explanations and offered alternative activities in order to help reduce a person's anxiety before it had a negative impact upon their day. Staff also explained to the inspector how to engage with the person so that, again there was no negative impact for the person. Throughout the course of the inspection we saw that this approach had enabled the person to fully engage with their preferred activities in a calm and relaxed manner and have a positive experience of their day.

When new people came to live at the home staff took time to get to know the person and their life history. Staff told us this helped them to make a better assessment of the person's needs so that they could offer the right level of support. One example of this approach was where a person had experienced many years of emotional difficulty stemming from issues they faced in their early life. We saw staff had worked extensively and creatively with the person to enable them trace personal documents and to discover previously unknown information about their past. This support had enabled the person to develop their self-confidence, increase their social skills and gain a passport to take their first holiday abroad.

People who lived in the home, and the relatives we spoke with, told us they felt comfortable to raise concerns if they were unhappy with any aspects of the support provided. Records demonstrated that where people or their relatives raised minor concerns, staff had resolved them quickly. The provider had a complaints policy in place which was in a format that everyone was able to read and understand. The policy was displayed around the home so that people could have easy access to it. Records showed that no formal

complaints had been received by the home in the past 12 months.

Is the service well-led?

Our findings

People we spoke with told us they were asked for their views about how the home was run and the support they received as part of everyday life. They said they talked regularly with staff and felt that their views were listened to. One person described current discussions about plans for changing the use of a lounge area. They said everyone who lived in the home was involved in the discussions and they were confident that any alterations or changes would be in line with people's views.

We saw that people and their relatives also had the opportunity to express their views by completing regular satisfaction surveys. The results of the latest surveys carried out earlier in 2016 showed high levels of satisfaction with the services provided.

People and their relatives told us the manager was an integral part of the staff team and promoted a relaxed and "family style" atmosphere within the home. We found the manager knew in detail the levels of support each person needed and what their preferences were in relation to their support. One person who lived in the home described the manager as "a really good friend." Throughout the inspection people freely engaged with the manager and sought them out when they wanted a chat.

The manager demonstrated a thorough understanding of their roles and responsibilities. They knew the type of notifications they were required by law to tell us about, including accidents and DoLS applications. Our records showed that the manager had submitted appropriate notifications to us in a timely manner.

Relatives told us the manager and the deputy manager made sure they were kept up to date with important information and they were available whenever they needed to speak with them. When describing the manager and the deputy manager, relatives used phrases such as, "brilliant" and "the best role models." Relatives also told us the provider maintained a clear role in promoting a high quality of support for people. One relative told us, "[The provider] is good at celebrating people's achievements. It helps people's self-esteem and shows them they're valued. They always encourage the positive." Another relative described the provider organisation as "outstanding" in relation to their levels of support.

Staff told us the manager was supportive and fair in their approach to managing the home and the staff team. They told us they were encouraged to express their views and share ideas and felt their contributions were valued. They also said they were aware of the provider's whistleblowing policy and felt confident that the manager would take action if they raised any issues about poor practice.

Staff told us arrangements were in place to ensure management support was available outside office hours and if the manager was not on duty. This meant that they had access to advice and guidance whenever they needed it. They also said that they had regular team meetings where they could discuss issues that impacted on people's support. Minutes of the meetings showed that topics such as staff work rotas, improving record keeping and the outcomes of quality assurance audits was discussed.

The provider had a system of audits in place to ensure that the quality of the services provided was regularly

checked. We saw the outcomes of audits carried out in October 2015 and June 2016 and noted that actions had been taken to address any issues highlighted. The audit checks were carried out by a manager from another of the provider's homes to ensure the judgements made about the services provided were objective. The provider also carried out an annual audit regarding the delivery of person centred support. This audit was based on the standards set out within the five domains we use to assess the quality of services within a home. Again we saw that action had been taken to address highlighted issues.

In addition to the provider's quality checks, the manager carried out regular checks of areas such as the medicines arrangements, staff supervision arrangements and staff training arrangements. We saw that the manager used opportunities such as staff supervision or team meetings to address any issues they found and they told us this helped to promote good practice within the team.