

Linkage Community Trust

Ferriby Lane

Inspection report

234 Scartho Road
Grimsby
Humberside
DN33 2EB

Tel: 01472873177
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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ferriby Lane is a large semi detached property with gardens to the front and rear. It is set on a residential street and is close to local shops, amenities and public transport. Ferriby Lane is registered to provide care and accommodation for up to 9 adults with learning disabilities, autism and associated complex needs. At the time of our inspection 4 people were living there. A self-contained flat is also provided within the service.

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

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

Everyone we spoke with was positive about Ferriby Lane. We observed there was a homely atmosphere and people and staff had developed good and caring relationships built on trust and mutual respect. The good outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to safeguard people from abuse. Staff understood how to keep people safe. They recognised and reported any safeguarding concerns. Required risk assessments were in place and medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff were recruited safely and had the appropriate skills and knowledge to deliver care and support to people in a person-centred way.

Care plans contained relevant information about how to meet people's needs and were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The environment was warm, welcoming, clean and free from malodours. People's rooms were personalised.

There was a wide range of opportunities for people to engage in activities, attend college courses and follow hobbies and interests. Visitors were welcomed.

People were positive about the staff and told us their privacy and dignity were promoted. Preferences and choices were considered and reflected within records.

People had access to a varied and balanced diet. Where required, staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People and staff spoke positively about the registered manager. They felt able to raise concerns and were confident these would be addressed. Staff told us they were well supported by the registered manager and management team.

Checks of safety and quality were carried out to ensure people were protected from harm. Work took place to support the continuous improvement of the service and the registered manager was keen to make changes that would impact positively on people's lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ferriby Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Ferriby Lane is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with two members of staff, the registered manager for the service and another manager from another

service who was supporting with the inspection.

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

After the inspection

Following the inspection we spoke with one relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection in July 2018 we found that the service was not meeting the legal requirements in protecting people against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made and the provider was no longer in breach of Regulation 12 .

- The provider operated a safe recruitment process. The service ensured there were staff available to meet people's needs safely. Staff agreed there was always enough staff on duty. The registered manager described how they would increase staffing levels in response to new people moving in.

Learning lessons when things go wrong.

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff received appropriate training in this topic and had a good understanding of what to do to protect people from harm or abuse.
- One person told us they felt safe and well supported by members of staff. They said, "Yes I am safe, I can talk to [Name of registered manager] or the staff, they will all help me. One relative told us, "It is fabulous, everything is put in place for his safety."

Assessing risk, safety monitoring and management

- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments had been updated to reflect people's changing needs. People were supported to take positive risks and to be as independent as possible.
- Care plans clearly documented the support people required to stay safe and staff followed this guidance in practice.

Using medicines safely

- Staff received, stored, administered and disposed of medicines safely. The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews.

Preventing and controlling infection

- Effective cleaning and infection prevention and control practices were in place. All areas of the service were clean and free from malodour. People told us they were supported by staff to keep their bedrooms clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. One relative told us, "I am constantly involved in what they are involved in."
- Staff worked closely with people and their families and health and social care professionals, to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst staff.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- People's needs around nutrition were clearly documented and being met. People had a choice of and access to enough food and drink throughout the day. Menus were planned in consultation with people and based on their preferences. Where people required support with meals, this was carried out in a way that people were encouraged to use their skills to maintain their independence.
- People's weights and nutritional intake were monitored by staff and appropriate action was taken if there were any concerns.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. The registered manager had systems in place to monitor which staff required refresher training and supervision.
- Staff had completed a comprehensive induction and training programme to prepare them for their role. Staff were satisfied with the training they received. A staff member told us, "Yes, we have lots of training and additional training is available for any other areas or for our areas of interest." One relative told us, "There are a lot of floating staff (a core group of staff who have been recruited to work in the service to cover any staff absence) - they know him well. The staff have been there as long as him, I would back them 100%."

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

- People had access to health care professionals when required. Advice and guidance from professionals were documented within care files and staff followed their instructions. One relative told us, "My relative is on a medication change at the moment, the service meets all their health needs."
- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was shared with other agencies if people needed to access other services

such as hospitals.

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

- The premises were designed to provide a homely environment for people. There was no indication Ferriby Lane was a care home; it blended in with neighbouring family properties.
- One person told us they enjoyed the environment and were fully involved in the design and decoration of where they lived. All areas of the service were personalised with photographs and personal items. Relatives told us, "Some areas are a bit jaded, décor wise, but they are tackling things, they have made massive strides with the garden."
- Staff had refurbished a summer house to provide a sensory room for people. This has been a popular addition to the environment and had been well used. The registered manager showed us plans to refurbish other areas of the environment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider had submitted applications under MCA and DoLS to the supervisory body for authorisation. The registered manager monitored and reviewed authorised applications.
- Staff involved people in making decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and they were positive about the caring attitude of staff. The majority of staff had worked at the service for many years and had a good knowledge of people's preferences and life histories; they used this knowledge to foster good relationships and care for people in the way they liked.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff showed genuine concern for people. They were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff supported people to express their views and be involved in making decisions about their care and support. People told us, " We have meetings to talk about things and we talk with our keyworkers too."
- People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to develop and maintain and develop relationships with those close to them and to develop social networks and links within the local community.
- People were offered choice and control in their day to day lives. We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible. For example, people were encouraged to visit the local gym and access community-based groups and work experience placements. One relative told us, "They offer him plenty of choice. Everything I want him to do he's has the choice to do."
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way. People's rights to privacy and confidentiality were respected. One relative told us, "They are very caring, they are all very good, and I am very grateful to them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were personalised to a very good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed.
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved. One person told us, "Yes I have a care plan and I know what is in there, so I can get to do what I want."
- One health and social care professional told us, "The staff are person centred and have worked with the gentleman managing his challenging behaviour and using strategies advised by Psychiatrists, psychologists and behavioural therapists to meet his needs despite his behaviour. I think they have managed well based on reports seen, staff I have spoken to and feedback about how client has improved in engaging and general wellbeing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the AIS.

Supporting people to develop and maintain relationships to avoid social isolation: support to follow interests and to take part in activities that are socially and currently relevant to them

- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities. One relative told us, " They have a personal trainer and access to lots of different activities."

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and staff knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be

listened to.

End of life care and support

- The registered manager worked with people during the review process to explore their views and wishes. They explained that when required, people would be supported to make decisions about their preferences for end of life care.
- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in July 2018 this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were consistently positive about the service and the support they received. One staff member told us, "We are able to contact the registered manager at any time and she will always respond."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with people and stakeholders. Staff understood the provider's ethos for the service and they worked as a team to deliver these.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was managed appropriately in line with the providers processes; this ensured standards were maintained in the service.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The registered manager and staff were clear about their roles and responsibilities. Staff turnover was low, and staff told us they enjoyed working at the service. The registered manager was accountable for their staff and understood the importance of their roles.
- The provider regularly sought feedback from people and their relatives or representatives, through satisfaction surveys, resident's meetings and less formally during one to one time. This feedback was reviewed, and action taken to improve the service. One relative told us, "The manager is available to me, I have their mobile number and can text them if I need to."