

Linkage Community Trust Limited(The)

Abbey House

Inspection report

103-105 Abbey Road
Grimsby
Humberside
DN32 0HN

Tel: 01472372415
Website: www.linkage.org.uk

Date of inspection visit:
03 May 2016

Date of publication:
23 June 2016

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 ●

Summary of findings

Overall summary

Abbey House is registered to provide accommodation for persons who require nursing and personal care for up to 13 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.

On the day of the inspection there were 12 people using the service. People have varied communication needs and abilities.

The service had a registered manager. 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.

The service allowed people to express their individuality whilst facilitating and developing their independent living skills, so they could achieve their full potential. Staff used innovative ways to make sure people had accessible, tailored and up- to-date methods of communication.

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.

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 maximising the person's independence and support them into adulthood, staff were very skilled and consistent in their approach.

Staff had developed very positive relationships with the people who used the service and respected their diverse needs. Staff knew people's individual care and support needs very well. People told us staff looked after them well and they were kind. People felt cared for and that they mattered. Staff supported people to maintain their relationships with friends and family. Comments from relatives were very complimentary and consistent stating they were extremely happy with the care, treatment and support the service provided.

The environment was accessible and safe for people. Although the service provided short term placement there was evidence that people were consulted about the décor in the bedrooms and were supported to personalise their rooms.

Staff were recruited in a safe way and all checks were in place before they started work. The staff had

received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. People were supported by sufficient numbers of staff.

There were policies and procedures in place to guide staff and training for them in how to keep people safe from the risk of harm and abuse. Positive behaviour plans directed staff to effectively support people's behaviour that challenged the service. Systems to monitor and review all incidents were in place. Medicines were administered and stored safely.

Assessments of people's needs were completed and care was planned and delivered in a person-centred way. Risk assessments had been developed to provide staff with guidance in how to minimise risk without restricting people's independence. People we spoke with told us they felt safe living in the service.

People's nutritional needs were met and people were supported to shop for food supplies and were assisted to prepare meals. Where people had special dietary requirements we saw that these were provided for. We saw staff monitored people's health and responded quickly to any concerns.

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.

People felt their concerns were taken seriously, and we saw where complaints had been made these had been addressed and acted upon.

The management team and staff demonstrated that people were very much at the heart of the service. Staff were proud to work for the service and felt valued for their work. Staff demonstrated a good understanding of their role. Systems were in place to monitor the quality of the service. Staff described working together as a team, how they were dedicated to providing person-centred care and helping people to achieve their potential. Staff told us the registered manager led by example, had a very 'hands on' approach and was visible within the service, making themselves accessible to all.

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 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 knew how to keep people safe from harm and abuse and how to report any safeguarding concerns. Medicines were managed, administered and stored safely.

Is the service effective?

Good ●

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 had the right competencies, knowledge and skills to meet their individual needs.

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.

Suitable arrangements were in place for people to consent to their care and support or for staff to follow legal requirements when people could not give their consent.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Staff used innovative ways to enable people to communicate effectively and understand their choices.

People felt they mattered and valued the strong positive relationships they held with staff. They felt care workers always treated them with kindness and they were very patient and encouraging. This approach gave people the necessary support and confidence to develop their own level of independent living skills, sometimes earlier than envisaged.

Managers and staff were committed to a strong person centred culture. Involvement, compassion, dignity, respect, equality and independence were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People and their relatives were involved in discussing how they wanted to be cared for and the support they needed. People were fully supported to engage in their educational and support programmes.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. Staff understood people's individual needs and supported them to achieve their goals and increase their independence.

People were supported to access community facilities and were encouraged to participate in meaningful occupations within the service. They were enabled to maintain relationships with their friends and family.

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

Is the service well-led?

Good ●

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.

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

Abbey House

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.

This inspection took place on 3 May 2016.

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 six people who used the service, the registered manager, deputy manager, a support worker and an independence tutor. Following the inspection we spoke with and received comments from seven relatives.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to the twelve 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

The people we spoke with told us they felt safe at the service. Comments included, "Yes, I'm safe, the staff are here to help us" and "I think it's very safe, I don't have worries about living here."

Relatives we spoke with told us that they felt their family member was safe and comments included: "It is clean and safe and all the students appear to be happy there. [Name] happily returns after every visit home with us", "Oh definitely, I've no concerns", "Care is taken to allow students privacy and at the same time they make sure they are safe" and "I trust all the staff and feel [Name] is very safe there."

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.

We found there was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. 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 environment was seen to be safe for people who used the service, it was clean, tidy and well maintained throughout. There was an emergency plan to guide staff in dealing with issues such as floods and utility failure. Equipment used was checked, maintained and serviced appropriately to make sure it remained safe to use. This included portable fire and electrical equipment, fire detection and alarm systems, first aid boxes, gas appliances, electric circuitry, hot water outlets and fridge/freezer temperatures. Personal emergency evacuation plans were in place for each person who used the service.

The registered provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. They also understood they could escalate concerns to external agencies if required, and considered they would be supported appropriately.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example, risk assessments were in place for people accessing the local community, carrying out household tasks, travelling in vehicles, seizures and support in managing anxiety and behaviour that challenged the service. The provider consulted with other healthcare professionals when completing risk assessments for people, for example the GP and Occupational Therapist. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

People received their medicines safely and as prescribed from appropriately trained staff. The service had a comprehensive medicines management policy which ensured staff were aware of their responsibilities in relation to supporting people with medicines. Medicines were obtained, stored, administered and recorded in line with good practice. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These indicated what the medicine was for and the maximum dose. Where possible, people who used the service were encouraged and supported to take responsibility for their own medicines. There were staged self-medication programmes and some people were being supported with these. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly. The medication administration records were accurately completed. Regular medication audits were completed to check medicines were obtained, stored, administered and disposed of appropriately. Medicines were counted and checked each day.

Is the service effective?

Our findings

People who used the service told us they liked the staff. Comments included, "All the staff are really nice and friendly" and "They are kind and talk to us. They help us at home, college and when we go out." We spoke with people about the meals. They told us, "We get to choose the meals at the weekly meetings and go shopping with staff", "We eat healthy meals but can have things like pizza and chips sometimes", "I do the cooking on Mondays and get to choose the meal. We all take turns, it's good."

Relatives told us the staff were skilled in the support they provided and monitored people's health and well-being closely. Comments included, "The manager picked up that [Name] was limping a bit and their foot was sore. They dealt with things really well", "[Name's] key worker is an exceptional member of staff, they are fantastic with all the students and [Name's] progress has increased significantly with them", "Staff are all lovely", "They are really on the ball with everything and pick up on the slightest change", "Staff have been fantastic" and "The staff are attentive, calm and listen to the students requests and acknowledge and act on their individual needs."

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 and staff had been fully involved in the admissions process and how accommodating they had been. For example, one person with complex needs around their autism didn't like loud noises and was provided with a room opposite their bedroom to use as their own lounge area. They used this room, but as they have settled in the service they regularly walk through the main communal areas spending time with other people and staff when they choose. Another person was due to leave the college this term and transition arrangements were in place to move to a supported living service near their home. The person described their recent visit to their new accommodation and that their key worker had gone with them. They talked positively about the move and showed us photographs of all the rooms in their new flat. A member of staff told us, "We do a lot of planning work with the students and use the photographs in our discussions which really help their understanding."

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 encourage fluid intake. The person told us, "I know I have to drink lots, it's good for me and staff remind me when I forget." Records showed people were consulted each week about their meal choices and a menu was agreed. In addition, we saw that staff were supporting people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This encouraged people to do things for themselves and contributed to catering being enjoyed as a shared activity. We observed a very positive mealtime experience with most people choosing to eat together in the dining room or in the adjoining seating area.

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. In discussions, it was clear staff knew people's health care needs and they were aware of the professionals involved in their care. Comments included, "We get to know the students well and can identify any signs they may becoming unwell. We always inform relatives of any changes."

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 a nationally recognised training course in health and social care.

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.

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. We saw assessments of capacity and best interest meetings had taken place to discuss support with their personal allowance and personal care. We saw relevant people were involved in decision-making on people's behalf.

In discussions, staff were clear about how they ensured people consented to care and support. They said, "We always ask students; they are able to understand. They would let us know if they didn't want to do something" and "All the students here are able to express their views about day-to-day decisions, whether they would prefer a bath or a shower and what outings and activities they would like to do, but we always ask."

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). The registered provider had acted appropriately and applied for DoLS for two people when they had resided at one of the registered provider's other services and these had not been authorised. The registered manager confirmed that none of the current students met the criteria for application as they did not need to be deprived of their liberty to keep them safe. At the time of the inspection none of the people in the service had their freedom restricted.

Is the service caring?

Our findings

People told us that staff cared about them, they were kind and staff respected their privacy and dignity. They also told us how their independent living skills had developed. Comments included, "Staff always knock on our doors and check its okay to come in. They are nice in the mornings about waking us up", "I've learnt so much since I've been here, like doing my washing and ironing", "Staff are very caring and friendly", "When I came here I couldn't go out on my own and now I walk to college and work and go on the train home. I like my independence" and "My keyworker helps me with my problems." One person told us, "Staff are very nice, some are a bit strict with me because they see my full potential and know I can be independent." From discussions with the person and the registered manager we found this comment confirmed staff consistently worked with the person to ensure appropriate boundaries for them.

All the relatives we spoke with or received comments from during our inspection were consistently positive about the care and support people received. These included, "She loves living in the house, the atmosphere is really lively and suits her", "He's communicating more verbally now, he feels valued and they really do listen to him", "Staff promote the students independence, choice, dignity, values and privacy by guiding them well, safely and respectfully. She has become more independent and mature and her negative behaviour has decreased. She makes more appropriate choices and her social skills and confidence have increased. She has made many friends at Linkage", "The staff are good at supporting the students to look out for each other and be kind and sensitive. We see that when we visit", "They have fostered her independence with very good results, they are so consistent with their support" and "Our daughter has been very proud of her achievements and staff have given praise and have helped her with her behaviour problems. We are happy that she is in the best place for her independent living skills."

Relatives described communication with the staff as excellent. Comments included, "When [Name] first moved in we had very regular telephone conversations with staff and as they have settled in, these have now quite rightly tailed off. But I know I can call anytime and speak with any of the staff for an update", "I am kept very well informed by the key worker of [Name]'s progress, achievements, day to day activities and any concerns that may arise. I also receive lovely photographs of all activities [Name] is involved in" and "Staff always ring us if there's anything we need to know, also they will ring to check things out. It's very reassuring."

We found the service was very 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 used the service and the staff supporting them. One person told us, "We all help each other as much as we can." Records of the weekly house meetings showed people were supported to make choices about activities and meals but they also discussed being kind, respecting each other and living together.

Staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. For example, we noted the registered manager and staff warmly welcomed the people when they returned from college and chatted with them about their day and how they were going to spend time that evening. The staff explained to people the purpose of our visit, responded to any queries and were

alert to any changes in people's behaviour. When people became excited or anxious they were reassured effectively by staff.

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. We found the registered manager and the staff team spoke very fondly and sensitively about the people that demonstrated empathy and affection for them.

We observed staff communicated very effectively with people in a way that respected their adulthood, their wishes and their views. People were given time to process information and communicate their response. Where people experienced difficulties in communicating verbally staff used a range of communication methods and materials in order to support the person to participate and express their views and choices. The registered manager described how staff used Makaton (language using signs and symbols) to assist one person to communicate but now the person preferred to use their iPad [tablet computer]. The staff had worked closely with the occupational therapist (OT) in recent months to provide suitable programmes to help the person's communication. A recent addition has been a programme which helps the person to create sentences and staff can put 'social stories' onto the iPad to help them cope and understand different situations. They confirmed they were working on material to support the future transition. The service provided a wireless speaker which the person liked to enhance the sound from their iPad so other students and staff could hear more clearly what they were saying. This showed the provision and use of the iPad enabled the person to participate and be involved more in the service.

People were well supported to maintain relationships and to communicate with their family and friends. Some people had their own tablet computers, mobile phones and people could use the service's phone. Computers were also provided in one of the lounge areas including a touch screen device. The staff confirmed they supported some people to Skype their relatives which was a popular method of communication. They also said the use of Skype promoted their wellbeing as it provided an accessible means of visual contact, which some people preferred. Some people's relatives visited the service and some people visited home regularly. Staff told us how important it was for people to maintain their family relationships, one member of staff told us, "We do our best to support regular contact between students and their families, for most students it's been a big step moving here and many have not spend much time away from home before."

Staff said that they were aware of people's moods and body language which helped them to understand what people wanted. They used innovative ways and aids to ensure that people were able to communicate their feelings. One person had been provided with a 'Pac Man Key Ring' for their jacket, which was based around emotions such as happy and sad, and they used this to tell staff how they were feeling. The registered manager confirmed the person found this extremely useful and staff had been able to provide more prompt support. In addition, staff have provided numerous red coloured, paper hand shapes dotted on the walls around the house. These helped one person communicate to staff when they were feeling angry; they placed their hand over the red hand, which told staff they wanted support.

The twelve 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. People were actively involved in developing their care, support and educational timetables including all aspects of their social life and were supported by staff who made every effort to make sure people were empowered and included in this process.

We found staff demonstrated a very positive approach to promoting people's right to independence. As part of the 24 hour curriculum, we found people were encouraged to develop 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 in areas such as: changing bedding, laundry, meal preparation and personal care. One person showed us the skills rota where each person's photograph was affixed to the task for their allocated day. They said this helped people to see what their task was each day.

Road safety was a key area the staff provided support with and some people were now able to walk to the college independently. The registered manager gave an example of one person who had greatly exceeded their expected goals in this area and was now walking into town and to their work placements independently. This involved a complex route through the centre of town negotiating some busy junctions. They explained how they had built up the person's confidence by walking to a popular destination, a coffee shop, time after time so they became familiar with the route. Then they gradually increased the journeys by including other key locations. They had also used the mapping facility on the person's mobile phone to provide additional support if they needed this.

In addition, people were supported to travel safely and independently where possible using taxis and trains. Two people were now able to travel home to the south of England via train with assisted rail support. Building on that experience, one person was now confident enough to travel fully independently to meet his girlfriend at a nearby town for a weekend visit; the registered manager explained how the person organised all aspects of the trip which included planning the train travel times and arranging to be collected from the station. The registered manager commented, "It is extraordinary how far [Name] has developed his independence skills over the past two years, and what independence he has gained."

A relative described how the staff were imaginative and thoughtful in their approach when supporting their family member's independence and participation in activities. Due to the person's limited mobility they were unable to assist with the weekly house shopping activity at the supermarket staff regularly used. Staff recognised this; they researched and found a supermarket locally which provided disability scooters. The relative described how successful using the scooter has been and that staff always used that supermarket now. They also told us how the staff had moved the position of the toaster in the kitchen so their relative could manage to make their breakfast independently.

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. We observed the support one person received to prepare the evening meal for everyone. The person completed the meal preparation well and it was clear from the interaction with the member of staff this had been a positive activity. Other people completed the clearing away, washing up and vacuuming with prompting and guidance from staff.

We found staff supported people to maintain privacy and dignity. Each person had their own bedroom for use when they wanted personal space and there were other quiet areas. We observed staff knocked on bedroom doors prior to entering. Bathrooms and toilets had privacy locks. In discussions with staff, they described how they respected people's privacy and helped to maintain their dignity. One member of staff told us, "We wait outside and ensure they are appropriately dressed and covered up when they come out of the bathroom, sometimes they forget." The care files we looked at reminded staff to respect people's privacy and dignity. We saw people who used the service looked well cared for and wore clothing that was in keeping with their own preferences, time of year and age group. We observed staff supported people to keep their bedrooms tidy and to maintain their clothing. Clothes were hung neatly in wardrobes and placed tidily in drawers.

Bedrooms were personalised with people's own belongings and they were encouraged and supported to individualise their rooms with items they favoured and which meant something to them, where appropriate. Some people's rooms contained few items in line with their preferences and needs. One person's relative told us how amazed they had been in how personalised their family member's room was. They said this had never happened in the past at other placements, the bedroom had always been bare and they were really impressed with the amount of pictures on the walls, belongings and soft toys they chose to have around. They said this indicated how happy and settled their relative was at Abbey House.

There were notice boards in the main communal area in the service. We found information was provided about keeping people safe, complaints, fire safety and equality and diversity. Information about advocates was displayed in the service and we saw they had been involved in supporting people to make decisions about their care and treatment.

The registered manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found records were held securely. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff had completed training about information governance in their induction.

Is the service responsive?

Our findings

People told us they enjoyed going to college and the activities on offer. They also said they had read their support plans. Comments included, "I have a key worker, [Name] they are really nice and we have meetings and go through my care plan and talk about things", "I like going to the discos with my friends", "I like living here. It's busy and loud and we do lots together it's good", "Sometimes I go to my room for quiet and do jigsaws and listen to my music", "I like hoovering and cleaning up", "We go riding each week, it's really good" and "I like watching TV in the mornings and going to watch Grimsby Town football matches."

Relatives told us, "[Name] enjoys attending college and also work experience two mornings a week, this has been a fantastic achievement for [Name], they are very proud of their job at Age UK. [Name] particularly enjoys drama at college and has been involved in productions", "[Name] enjoys many activities, going to the gym, park, walking, listening and dancing to music and trips out with their one-to-one at weekends", "I have been very impressed with the curriculum and the wide range of activities and outings they enjoy" and "He loves swimming and goes two or three times a week. It's brilliant the staff found a dog sanctuary for his work experience, he loves animals and is so happy there."

The registered manager confirmed people were given the opportunity to attend residential assessment visits at Abbey House to meet the staff, other peers and attend some activities and sessions at college. The transition arrangements were individualised and tailored to support people's needs. The registered manager described how one person with complex needs around their autism had attended regular day assessment visits where staff used pictures and photographs to assist in planning the move before they attended an overnight visit. Their admission had been successful due to the slow and well planned transition support provided and they had settled in the service very well. One person's relative told us how their family member had been able to choose the paint colour for their bedroom and another described how their family member had not liked their bedroom when they moved in and they were supported to move to another one.

We looked at the care files for three people who used the service and found these to be well organised, easy to follow and person centred. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They contained details of what was important to people, their preferred daily routines, what they enjoyed doing and how staff could support them in a positive way. One person's records detailed they didn't like going to boring places like, galleries, museums and garden centres and things that made them feel better were: playing their Xbox and having a cup of tea.

Staff supported people to complete their 'My Life' book which contained lots of information about the person's family, pets and interests, their likes and dislikes and how they communicated. The books contained a lot of photographs and gave staff a good level of information and understanding about the person.

We looked at the care plans and risk assessments for one person with a health condition. Records showed staff monitored the person's health closely and supported them to attend regular appointments with their

medical consultants. We looked at another person's positive behaviour support plan and found this included clear proactive and reactive strategies to support effective communication, life skills, distraction techniques and keep the person and those around them safe using the least restrictive option.

We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. Care plans were revised where necessary to reflect the outcomes from involvement with health care professionals and 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.

Staff told us that routine was very important to the people who used the service therefore care plans and activity timetables were carefully followed, however people's wishes were respected if they chose not to participate in planned activities or college sessions and alternatives would always be offered in these situations. One person's relative described the positive support their family member had received in finding the right sessions for them at college.

We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. In addition, each person had a 'Hospital passport.' These records contained details of people's communication needs, together with medical and personal information.

The staff we spoke with had a good knowledge about people's backgrounds, their current needs, strengths and anxieties and the type and level of support each person needed.

Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. 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 such as: visiting local shops, riding stables, cycling, football matches, discos, drama club, the cinema, bowling centre, cafes and the leisure centre. Staff described the progress people had made with their participation in activities both in the service and the local community; some people attended the autism friendly cinema screenings locally where they provided adjusted lighting and sound levels.

At weekends a group of people participated in an activity or outing of their choice. The day before the inspection they had visited Lincoln Castle and watched a jousting event. There were books of photos of all the outings people had experienced this year which they enjoyed showing us.

In addition most people were supported to access their work placements during the week and these included: working at a supermarket, building society, charity shop, café and animal rescue centre. The registered manager confirmed how positive the work placements were for the students in developing their life skills experience, communication and maturity.

People told us and showed us by their confident manner that they would be willing to let staff know if they were not happy about something. There was a complaints policy and procedure and staff were familiar with the actions to take if they received a complaint or concern. The policy and procedure was in easy read format to help the people who used the service to understand the contents. Records showed concerns were always discussed at the regular key worker meetings and weekly house meetings. Although we saw that no

formal complaints had been received since our previous inspection, the registered manager confirmed they had dealt with a concern raised in relation to the facilities for one person. There had been some delays experienced with the completion of this improvement work which the registered manager had followed up with the senior management team.

Is the service well-led?

Our findings

People told us they were happy at Abbey House and they liked the registered manager. One person said, "I like the manager; I speak with him a lot. All the staff are nice and helpful."

When we spoke with relatives about the management of the service, all the comments we received were very positive. These included, "We have been so impressed with everything at Linkage, and the students are at the heart of the service", "Linkage has been wonderful for [Name], so much so that they will remain in their care services when the three year college placement ends. They have brought out the best in [Name] and I'm sure will continue to do so in the future", "The manager is excellent", "The home is very well managed; the manager is very personable, liked and respected by all the students and staff and is usually readily available to address any requests or problems", "We have total confidence in the service; for the first time in his life he's somewhere which really meets his needs and we have been 'blown away'", "Living at Abbey House and attending college has been a brilliant experience for [Name] and it has set her up for life" and "The service has made an enormous, positive difference."

The registered manager was very experienced and had managed this service and others within the organisation for a number of years. They demonstrated strong person-centred values and were committed to providing an excellent service for people. Staff described the registered manager as, "Very approachable" and "Brilliant, really supportive, always there if we have any queries or concerns."

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 registered manager confirmed that the organisation had recently achieved the 'Investors in Diversity Award' which demonstrated they had a structured and planned approach to embedding the values of equality, diversity and inclusion in the workplace. 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 won a national award in 2015 for his long-term outstanding contribution to the lives of people with a learning disability and/or autism. The registered manager explained how it was the organisation's 40 year anniversary in 2016 and a garden party had been arranged in May to celebrate the student reunion.

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, "We provide a high standard of care and the work is rewarding seeing what the students achieve. They come to us with hardly any independent living skills and leave ready to make their way in life."

Staff were provided with the leadership they needed to develop good team working practices. The registered manager and deputy manager both spent time working alongside staff, providing a consistent presence, promoting core values and care skills. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well-led and had the knowledge and systems they needed to support people in a consistent, responsive and effective way.

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 attended and supported.

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 strategic business plans.

An annual survey had been carried out in 2015. It gathered views from people who used the service. 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. Records showed the majority of responses were positive. Surveys were also sent to relatives and these were now linked to specific services. The registered manager confirmed the surveys for 2016 had recently been issued and the responses so far looked very positive. 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 or three months. We looked at the latest review which was carried out in April 2016. This showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and the work completed.

Records showed the registered manager regularly completed a range of internal checks of areas such as care records, personal finance accounts and medicines management and results of these internal checks were positive. The medicines systems were also checked each year by the contracted pharmacy.

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.