

Link-Ability

Link-Ability (West Lancs)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Link-Ability (West Lancs) provides support to adults of all ages and young people in transition to adult hood both in their own homes and in a supported living setting. Some of the people they support have additional needs such as autism, sensory impairment (difficulty in seeing and or hearing), physical disability or need a higher level of care such as monitoring of their health. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of the inspection 14 people accessed services provided by Link-Ability (West-Lancs).

People's experience of using this service: People who used the service and their representatives told us they were supported in a safe way, we found staff had good understanding of safeguarding adults and systems were robust to protect people from avoidable harm, neglect and abuse. People who used the service were encouraged to manage their medicines in a safe way and for those who needed staff support to manage their medicines, we found the service followed best practice procedures. People were individually risk assessed and environmental safety risk assessments were undertaken and reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and their care and support was delivered to achieve effective outcomes.

People who used the service were supported to maintain a balanced diet and nutritional assessments were undertaken in a person-centred way. The provider made sure staff were safely recruited and supported throughout their employment. Staff received training that helped them understand the needs of people they supported.

People were treated with kindness, respect and compassion and given emotional support when needed. Care plans included person-centred information and we found people were encouraged to maintain their independence. People's individual needs and interests were well understood by the staff that supported them.

People who accessed the service for supported living or domiciliary care were encouraged to maintain an independent lifestyle as much as possible and the service demonstrated an inclusive ethos that enabled people to be in control of their lives.

We observed staff support and interact with people in a kind way. We saw that staff had built trusting relationships with people who accessed the service and staff told us this was a key part to keeping people safe.

The service had a robust system for responding to people's complaints and collating feedback. People were

consistently positive about the leadership and management of the service. We found that the provider had effective management systems to monitor and quality assure all aspects of the service. Quality assurance records showed that shortfalls were quickly addressed and learnt from.

Rating at last inspection: This was the first inspection since the service registered with the Care Quality Commission 18 October 2017.

Follow up: We will return to reinspect the service as per our inspection programme. We will continue to monitor any information we receive about the service and we will bring the inspection forward if we receive any concerning information.

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.

Link-Ability (West Lancs)

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by an adult social care inspector, a specialist advisor learning disability nurse, an assistant inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of supporting people living with a learning disability.

Service and service type:

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to younger disabled adults and adults who have a learning disability.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that 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:

The inspection was announced. We gave the service 24 hours' notice of the inspection visit because people who used the service are often out of their homes and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

What we did:

Prior to our inspection we looked at all of the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted professionals who provided feedback about their experiences of the service. We used a planning tool to collate all this evidence and information prior to visiting the service.

We spoke with four people who used the service and four parents of people who used the service. We also spoke with three support workers, one senior support worker and the manager who took overall responsibility for the service. We looked at a variety of records which included the care files for four people who used the service and three staff files. We also reviewed a number of records relating to the operation and monitoring of the service. These included, audits and senior management team meetings. Along with feedback about the service, training records duty rotas and team meetings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The provider had systems in place for safeguarding people from avoidable harm and abuse.
- We looked at the providers safeguarding policy and found it included information about how to make a safeguarding alert and key areas about how to identify different types of abuse. We asked staff if they felt confident to raise safeguarding concerns and they told us, "If I had any safeguarding concerns I would be confident to raise them either with the senior support worker or higher if necessary." And "Yes, recently I was on call and received a concern from staff about un-explained bruising I was able to provide support and advice about how to record and escalate to the local safeguarding team.
- We looked at safeguarding incident records and found that the provider evidenced how they responded and escalated concerns to the local safeguarding authority.
- We asked people who accessed the service and their parents if they felt protected against avoidable harm and abuse. People told us, "My son is definitely safe with staff that support him." And ""We've absolutely no concerns about safety. Staff are very professional and arrive on time, they are early if anything. They keep [name] safe when they are out and are very good with him."

Assessing risk, safety monitoring and management

- We checked people's care records and found a very good standard of information in relation to personal risk assessment. Care plans gave staff clear information about how to support people in a safe way and we saw examples of positive risk taking. For example, one person was assessed in relation to accessing the community independently. Their support plan was reviewed regularly and communicated to the individual, staff and involved family members.
- People who accessed the service for supported living had tenancies and the safety of their properties is not inspected by the Commission, however we visited two of the houses and found clean and tidy environments that had been personalised. The provider did environment safety checks and explained the system for reporting maintenance work to the associated housing association.
- Emergency plans and essential fire risks assessments were in place along with personal emergency evacuation plans to guide staff about people's needs in the event of an emergency evacuation of the property.

Staffing levels

- We looked at staff rota's and found that sufficient staff were deployed to support people who accessed the service. We spoke with a person that received domiciliary care and they told us that staff continuity was good and this had helped them build a trusting relationship. People's parents for those who accessed domiciliary care told us that call times were efficient.
- Staff recruitment was safe. We looked at three staff recruitment files and found the manager ensured staff had been checked for suitability of position, for example experience, character reference and criminal record clearance. Staff were inducted and underwent a probationary period.

Using medicines safely

- We checked medicines management for four people in supported living. We found a good standard of record keeping and medicines were stored in a safe and clean area.
- People's medicines were managed in a person-centred way. Each individual had a medicine care plan and it was reviewed regularly. We saw protocols for when required medicines to guide staff about possible symptoms and pain management.
- Medicines audits were completed routinely this ensured any actions required would be acted upon appropriately. We saw that lessons were learnt around missed medicine doses for a person in supported living, records included how staff supported the person to understand the risk of missing their medicines and partnership working to reduce risk moving forward. This showed a positive outcome for the individual because they were able to maintain a level of independence whilst receiving their medicines in a safe way.

Preventing and controlling infection

- The provider had a policy and procedure for the prevention and control of infectious disease.
- There had not been any outbreaks of infectious disease however, staff showed understanding of best practice and how to report an outbreak of infectious disease.
- We saw staff had access to protective clothing. Staff completed mandatory training in infection control.

Learning lessons when things go wrong

- We looked at accident and incident reports and found the manager reviewed incidents and recorded lessons learnt. For example, an incident was reported in relation to a person who accessed the service being involved in a sexual relationship for the first time. The service demonstrated exceptional person-centred support for the individual which included principles of education, dignity and respect. The service implemented a new policy and worked with staff to understand the importance of positive risk taking and allowing people to live a fulfilled life.

Is the service effective?

Our findings

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

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

- We looked at people's care records and found support was planned in line with best practice guidance and reflected professional's involvement.
- People's care plans demonstrated comprehensive assessments of people's needs and incorporated their understanding and the level of support required.
- People were supported to access multi-disciplinary professionals which included: the speech and language team, learning disability professionals, community mental health teams and dieticians.

Staff skills, knowledge and experience

- Staff training records showed a completion of various training courses which included: fluid and nutrition, equality and diversity, the Mental Capacity Act 2005, medication, first aid and the care certificate. Staff told us that they received regular supervision and we looked at examples of supervision records. Records showed a good standard of staff support and guidance and included information about career development.
- We asked staff if they felt supported and sufficiently trained to be able to undertake their role and responsibilities. Staff told us, "I have supervision with the senior support worker which lasts 30 minutes. I had an appraisal in August 2018 I was given a form to self-assess and self-score and this was then compared to my managers scores. It is a good system." And "There is lots of training both face to face and online."
- We asked people who accessed the service and their parents if they felt staff had sufficient skills and experience to deliver effective support. People told us, "I do think staff have the skills to help [name] yes, he benefits greatly through the time [name] spends with them and I can only praise their dedication to the job." And "Yes, I think they are skilled and very understanding when they support me."

Supporting people to eat and drink enough with choice in a balanced diet

- We found people who accessed the service were assessed in relation to nutrition and individual support plans had been formulated for the people we pathway tracked. One person had told staff they wanted to loose weight, they had been supported to attend a slimming club and lost a significant amount of weight which had benefited their physical health greatly. The individual told us, "I do the cooking twice a week, I am feeling much better since loosing a lot of weight."
- We looked at a care plan for a person who had been loosing weight. We found a good standard of information about how to support the individual which included supporting them to increase their daily calorie intake. We asked a support worker about this person's nutrition needs and they understood the agreed plan of care.

Staff providing consistent, effective, timely care within and across organisations

- We found evidence in people's care plans that they had access to external health care professionals and

that they were supported to attend appointments if needed.

- People had hospital passports which would be used when they were admitted to hospital and included personal information that would help other professionals provide effective support and communication.
- We looked at a person's care record which showed effective cross organisation working, the person was under the care of forensic services and records showed how the service had been involved in information sharing and had participated in development of the person's risk assessment.

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

- The manager told us about future plans for people in one of the supported living tenancies to move due to the need for adaptation for an individual with degenerative physical health needs. Consultation had started with individual's and their families, staff and external professionals.
- An application to the housing association for another person who used the service had been made to request adaptation to the shower room to enable disabled access. The service had also applied to the local authority for a disabled facilities grant.

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 so that they can receive care and treatment with appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in domiciliary care and support living services is usually through MCA application procedures made to the court of protection.
- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people were assessed in line with principles of the MCA and detailed mental capacity assessments were undertaken. The providers had systems in place for supporting people should they be deprived of their liberty. Records were kept and staff we spoke with demonstrated understanding of the MCA and associated DoLS.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; Respecting and promoting people's privacy, dignity and independence.

- People who accessed the service and their parents provided positive feedback about the support they received. People told us, "I do think that the staff are really caring. My son has known them for a few years. It always seems quality time he has with them", "What I've seen, they do treat [name] with respect. The service always seems to be trying new things and I'm glad that we are with them," and "The staff are around if we need them. If we want a private chat we can go in our bedrooms or the kitchen. There is always someone around and they are always ready to listen and to help us."
- We observed staff interact with people in a kind and respectful way.
- A person that received domiciliary support told us staff were always respectful in their home and that they felt comfortable when staff were alone with them.
- We saw the manager interact with a service user when they visited the office, their approach was familiar and it was clear that the service user was at ease with the manager and administration staff.
- Confidential information was being stored securely in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- Staff had a good understanding of protecting and respecting people's human rights. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. For example, all staff received training in equality and diversity and maintaining dignity during their induction.

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

- We looked at minutes from service user meetings and found a good standard of involvement from people who accessed the service. Meetings encouraged people to have their say and when change was suggested we could see that this was fully considered.
- We looked in people's care records and found one to one meetings were held on a bi-monthly basis. These meetings were named 'link up review' and included people's feedback in relation to what works, what does not work and an action plan that showed changes to people care and support.
- The provider issued annual service user surveys named 'driving up quality'. Surveys included questions around specific themes such as: a good culture in the organisation, an ordinary and meaningful life, Quality of life and being happy. The survey was issued in an accessible version for some of the people they supported.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.
People's needs were met through good organisation and delivery.

Personalised care

- People's care records showed very good person-centred information. The service had collated people's information and created support plans which included assessment of a person's needs and preferences. One person told us about how their care package had been tailored around their interests that included being actively involved in the community. The individual also told us that their support worker was "more than staff", and they were their "friend" who "get [understand] me [service user]."
- We looked at how the service assessed people prior to their admission to supported living. The service used a 'compatibility tool' to check that the individual would be compatible with other people who used the service in the same property. An assessment was also undertaken for people who accessed domiciliary care services, we looked at one assessment and this showed how the provider had made sure they had collated sufficient information about the person's needs and preferences before providing support.
- People were supported to maintain their recreational interests and hobbies. We received positive feedback from people who accessed the service and their parents about activities and social inclusion. Feedback included; "Oh yes, there is plenty of things that I like to do. I go horse riding and I am part of a Drama Group. We are rehearsing a play at the moment that we'll put on soon. It is really good to be part of." And "I work mornings in the Charity shop. I love it. I do drama too and enjoy that. I got engaged last Friday and there was a big party and everyone came."
- The service had recently developed a policy and procedure for supporting people to build personal relationships and lead an independent life.
- We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs. The service had developed easy read information for many different aspects of gaining people's feedback for example, surveys, meetings and care plan review.

Improving care quality in response to complaints or concerns

- There was an effective system for complaints management and people who accessed the service were provided with information about how to complain in an easy read format if it was needed. We looked at the providers complaint log and found responses were made in a timely manner and investigations were undertaken.
- We asked people who accessed the service and their parents if they felt confident to raise their concerns. People told us that they knew how to complain and if they had felt reassured by the response they received from the manager.

End of life care and support

- The service did not support anyone with end of life care needs at the time of the inspection. However, we discussed end of life care with the manager and she showed us their policy and procedure. The manager also explained that the service had slowly started to explore sensitive questioning with people who accessed the service in relation to their end of life wishes by use of television programme themes for prompting conversation. For example, staff discussed with one of the people who lived in supported living what their wishes would be at the end of their life whilst watching a television soap which was about a person's funeral.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service had robust quality assurance tools which showed lessons learnt and areas of service provision identified for improvement.
- The manager and staff we spoke to understood the importance of escalating change in people's health and social needs and this showed that the provider had embedded principles of duty of candour responsibilities.
- Staff told us the manager and CEO engaged them in meetings about service provision and listened to their opinions and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- All of the staff we spoke to demonstrated professionalism and a great understanding of their roles and responsibilities. Staff were experienced and trained to make sure they could meet the needs of people they supported.
- We looked at quality checks undertaken by the manager which cross referenced to regulatory requirements and key lines of enquiry. This showed that the provider took necessary steps to make sure that the service was working in line with regulatory requirements and the action plan evidenced how shortfalls had been addressed.
- We received consistent positive feedback about the manager and senior support staff. These included; "The manager is good, always around." And "All senior staff are excellent."

Engaging and involving people using the service, the public and staff

- The provider held a quality board every three months, this involved trustees, people they supported and senior staff. We looked at the most recent meeting agenda and minutes which had both also been created in an easy read format. People were invited to have their say and the provider showed ways in that they made changes.
- There was an annual staff awards scheme. Nominations were requested from people who accessed the service, staff and relatives. Staff were also rewarded for service and commitment.
- Staff told us, "Yes I feel involved and listened to." And "The senior managers encourage everyone to have their say, it is very inclusive here."

Continuous learning and improving care

- Staff meetings were held bi-monthly. We looked at minutes and found a good standard of recording which included what staff said and action taken.

- The provider held best practice meetings for various subjects which included; health and safety and workforce development. Staff attended steering groups within the organisation and fed learning back to the team for areas such as; changes made around payment for sleep-in duties and building personal relationships.

Working in partnership with others

- The service was accredited by Investors In People (IIP). Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.
- We saw evidence that demonstrated the service consistently worked in partnership with the wider professional team. Care records included the involvement of GP, learning disability services, day support services and advocates for people they supported.