

Linkage Community Trust

22 Abbey Drive (West)

Inspection report

22 Abbey Drive
Grimsby
Humberside
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

22 Abbey Drive (West) is registered to provide accommodation and personal care for up to six younger adults with a learning disability and or autistic spectrum disorder related conditions. The service is a large, semi-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 our inspection there were three people living at the service, two of whom attended the local Linkage college facility full-time.

The care 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 a learning disability and/or autism using the service can live as ordinary life as any citizen.

We last inspected the service on 1 December 2015 and the service was rated as Good with one area rated as Outstanding. At this inspection we found the service remained Good with one area rated as Outstanding.

There was an exceptionally person-centred culture apparent within the service with care tailored to meet the needs, wishes and aspirations of each individual. People were well supported to have maximum choice and control of their lives to achieve their potential and to express their views. People received outstanding care and support from a well-trained, well-supported and motivated group of staff.

The service fostered 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. Comments from relatives were very complimentary and consistent stating they were extremely happy with the care and support the service provided. Some considered the progress their family members had made far exceeded their expectations. They also told us communication with support and college staff was excellent.

We found personalised programmes and flexible staffing arrangements enabled people to learn to live fulfilled and meaningful lives. Staff knew people well and were skilled at ensuring they were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. 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 towards promoting the person's independence, inclusion and support them into adulthood.

Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on least restrictive practice guidance to support people safety.

Systems in place minimised the risk of harm to people. These included effective risk assessment of people's needs, safeguarding matters, management of medicines, safe recruitment and effective management of accidents and incidents. The environment was well maintained and the provider had ensured all appropriate safety checks had been made.

People's health and nutritional needs were met. People were supported to attend appointments and access community health care professionals for advice and treatment when required. The menus were developed with people where possible and provided them with a variety of nutritious meals.

Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made. When restrictions on a person's liberty were necessary the registered manager had ensured the correct application had been made to protect the person's legal rights.

There was a quality monitoring system in place which consisted of audits, checks, the management of complaints and obtaining people's views about the service.

The registered manager was very experienced and had managed this service and others within the organisation for a number of years. They demonstrated strong leadership which put people first, set high expectations for staff and led by example. A very positive, caring culture was evident at the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

22 Abbey Drive (West)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 15 January 2018. The inspection was completed by an 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 also looked at notifications sent in to us by the provider, which gave us information about how incidents and accidents were managed.

Some people communicated through non-verbal means. We observed interactions with people to establish how well they were supported and their relationships with the staff. We spoke with two people who used the service, the registered manager and three support workers. Following the inspection we received information and feedback from three relatives and a health care professional involved with the service.

We looked at a selection of documentation in each person's care file including their medication records. We also looked at a selection of records used in the management of the service. These included staff rotas, staff recruitment and training records, quality assurance audit checks, accident and incident records, maintenance checks, surveys and minutes of meetings with staff.

Is the service safe?

Our findings

People told us they felt safe and comfortable in the service and that they were happy with the staff team and trusted them. One person told us, "Yes, I feel very safe. The staff help me, they are always nice." People's relatives told us staff knew their family member's safety needs well and they were confident their family member was safe from harm. One relative highlighted the support their family member had received with their safety needs. The relative told us as a result of this, their family member has been given the opportunity to be more independent and better understood how to keep themselves safe in the community.

Policies in relation to safeguarding and whistleblowing reflected local procedures and included relevant contact information for partnership agencies. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

People received their medicines as prescribed. Medicines were securely maintained and staff completed relevant training and had their skills in administering medicines assessed to ensure they were competent in following medicines procedures safely. We saw that a range of checks were undertaken each day and periodically by the management team, to ensure that medicines were given and managed safely.

We saw the service was clean and well maintained. The provider ensured all safety checks of the building and equipment had been completed.

People told us and we observed, there were enough staff available to meet people's needs and to keep them safe. The registered manager confirmed staffing was provided in line with the agreed individual packages of care and additional staff were provided to support some activities, trips into the community or if people were unwell and required increased support. The provider continued to have robust recruitment processes in place, which showed that staff employed had the appropriate checks to ensure they were suitable to work with vulnerable people.

We saw staff supported people so risks to their safety and well-being were reduced. For example, staff encouraged people to consider their safety needs when planning to go out of the service to do things they enjoyed doing. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. A positive and proactive approach was adopted to support people who demonstrated behaviours that may challenge the service or others.

Is the service effective?

Our findings

People were supported by a very stable staff team who were skilled, motivated and well-trained. Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people to deliver a person-centred service. Records confirmed staff undertook a range of training courses considered essential by the registered provider and specific to the health conditions of people who used the service. These included autism, epilepsy and managing anxious and distressed behaviours. We found some staff were due refresher training and this was being arranged by the registered manager.

People were supported to maintain good health and to access the healthcare services relevant to them. Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. Staff described how they had worked with one person's GP practice to better support their visits, as the person experienced difficulties using the waiting room. Improved arrangements to meet the person's needs had been put in place. Records showed people had annual reviews of their general health, medicines and specific needs.

Staff worked with relatives, healthcare professionals and other external agencies to ensure people transitioned safely to the service and then onto more independent living where possible and had the appropriate resources in place. A health professional told us the service was able to meet the health and social care needs of the people they supported and staff had applied strategies which had been recommended and were very good in providing updates.

Nutritional needs were considered, assessed and well-managed. People were fully involved, where possible, in the planning around the food they purchased, prepared and ate in order to remain healthy and promote their independent living skills. People were supported to discuss and plan their menus on a weekly basis. Each person had a food and nutrition plan in place and where necessary associated risk assessments. One person had recently decided to lose weight and staff were supporting them with their healthy eating programme. They were very pleased with their weight loss so far and told us, "I'm doing really well. Staff help me to choose healthy meals."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw a DoLS authorisation was in place for one person to lawfully deprive them of their liberty for their own safety. Staff had a good understanding of the legislation and when it should be applied. Capacity assessments were carried out and the individual's ability to make simple or complex decisions was recorded in people's care records. This meant that people were supported to make decisions where possible and staff were aware of the types of decision people might need support in making. We heard and observed staff offering people choices and patiently providing explanations to enable people to make choices regarding their own care.

Is the service caring?

Our findings

The registered manager and staff demonstrated they cared very much for all the people they supported. They were all highly motivated to provide people with the best care they could and had fostered positive relationships with them. Staff went the extra mile to support people to develop their potential.

Staff supported people in all aspects of their lives in order to promote their independence. This included anything from learning how wash and dress themselves, to developing the skills they needed to live more independently, in line with their aspirations for the future. People were extremely happy with the support they received, to access personalised activities and help to maintain relationships with family and friends. Relatives described staff as being exceptionally caring, kind, patient and committed in their support.

The staff team had a definite focus to help people feel confident and happy. Examples of this meant that staff had supported people to increase their independence through structured goals in living and social skills. We received very positive comments from relatives about the progress their family member's had made. These included, "In terms of independent living, they continue to develop beyond expectation; their communication ability and confidence is amazing" and "The service has made a vast difference to [Name of person]. They have got more independent and realise how to behave more when out on their own. It was the best thing that happened when we managed to get [Name of person] to Linkage (Community Trust). They also love being there and enjoy everything about it, they are never unhappy."

People's rights to privacy and dignity were highly valued and well-supported. Feedback from relatives confirmed this was a focus of the ethos of the organisation. A health professional told us, "I have found the service to be a very homely and happy place with a relaxed atmosphere. It has been my experience that they have always treated the individuals they support with dignity and respect and are keen to develop the independence skills of all who live there. The client I supported was acknowledged to have grown as a person whilst living at Abbey Drive West."

We observed staff showed a very positive regard for what was important and mattered to people. Some of the people we met were not able to explain their needs and wishes easily. We saw staff used their knowledge of the person, and their experience of what different words, sounds and gestures meant to help people make choices and express their wishes. One person used a range of pictorial systems to help them communicate. These included a picture exchange communication system (PECS) and their tablet computer. Relatives also told us how well the staff communicated with them. One relative said, "I'm listened to and I'm very much supported and advised by staff."

Information was available about the use of advocacy services to help people have access to independent sources of advice when required. People had used an advocate where needed.

Staff were very aware of the individual wishes of each person, relating to how they expressed their culture, faith and sexuality. We observed that people were supported to live a life that was reflective of their individual wishes and values. The provider had ensured that all staff had been trained in equality and

diversity. People were able to choose their own keyworkers and a new 'buddying system' provided additional support to people new to the service from those students who had gained confidence in aspects of their independent living skills.

Is the service responsive?

Our findings

We saw people and their relatives had been involved in the planning and review of their care. We found the care files were organised, easy to follow and person centred. Sections of the care file were in a pictorial, easy read format, which supported people's understanding of the content of their care plan. Each individual's personality and personal qualities, as well as their likes and dislikes and aspirations had been recorded. Staff had a good knowledge of the people they supported.

Two people attended the organisation's college facility and they participated in a range of vocational, educational and personal development programmes, which had been tailored to their individual needs. The third person attended the college skills centre when they chose to, although staff said they were increasingly reluctant to attend and staff were providing more activities in the service and local community. People were supported to participate in work experience in the community where possible. One person had two work placements in local cafes which they told us they enjoyed, they described how they were more confident with their placements and could now walk to both independently, which they were proud of.

We saw people had activity plans in their care files. The staff team were flexible and responsive when organising community activities to meet people's individual needs and encourage participation in new activities. One person told us they were going to try 'clubbercise', a new exercise activity that night, which staff had helped to arrange. Another person's relative described their family member's participation in new activities. They told us, "For two years running, much to the credit of dedicated staff, [Name of person] took part in the 'Lincoln Santa' run. This was a 5k run that required them to wear a costume and to run or walk with thousands of other folk suitably dressed. Never did I think they would take part or wear a costume, they did both and had a fantastic time." This relative also described how their family member could now sit through films when they visited the cinema.

We saw the service had a complaints policy which was provided for people in a pictorial and easy read format. Records showed complaints were managed in line with the registered provider's procedures and investigated thoroughly. When we asked one person who they would speak with if they had any problems or concerns they said, "I would ring [name of registered manager or progress coach] and they would help me and sort things out."

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager had a clear understanding of the key principles and focus of the service and was committed to providing an excellent service for people. People, their relatives, professionals involved with the service and staff spoke positively about the registered manager and their approach. Comments from people and relatives about the service included, "The service we receive is excellent" and "It is very organised, he is the best manager."

We met staff who believed in the vision and values of the organisation and were dedicated to providing people with opportunities and choice to support them to achieve their aspirations. Staff had a very person-centred approach and encouraged people to develop skills and behaviours to live independent lives despite their challenges. Staff spoke consistently about the service being a good place to work and there was a strong team ethic fostered by the registered manager.

People and staff had regular opportunities to voice ideas or concerns through meetings and surveys. They told us they were listened to and where possible, change had been instigated based on their suggestions. We saw the results of staff surveys were not broken down to each service in the organisation, which the registered manager confirmed they would raise with the senior management team. Some of the findings from the 2017 survey were mixed and the registered manager told us they would be discussing the findings in team and individual meetings with staff to look at any action points. There had been no responses to the last relative survey issued in 2017 and the registered manager confirmed in future; they intended to approach relatives in person, to request this feedback.

The quality monitoring programme included a structured programme of quarterly peer reviews by managers from other services within the organisation. Records showed where shortfalls had been identified, the majority had been addressed through action planning and compliance dates were achieved. The registered manager regularly completed a range of internal checks of care plans, personal finance accounts, the environment and medicines management.

It was clear that when an incident had occurred, the provider was open and honest and any areas of improvement were shared. They were also aware of their responsibilities in relation to informing CQC and other agencies of incidents which affected the health and welfare of people who used the service.