

# Linkage Community Trust Limited (The) Spencers Lodge

## Inspection report

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Date of inspection visit:  
04 October 2016

Date of publication:  
01 November 2016

## 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

We inspected Spencers Lodge on 4 October 2016. The inspection was unannounced.

Spencers Lodge is registered to provide accommodation and personal care for up to eight people who experience needs related to learning disabilities. It is located in the grounds of Toynton College in Toynton All Saints near Spilsby in Lincolnshire.

There was an established registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People enjoyed living at Spencers Lodge and were supported to have as much control over their lives as they were able and wanted to have. They and their relatives, were involved in planning and reviewing their individual support. Staff had a very clear understanding of people's needs, wishes and aspirations. They received their support in a personalised way with a focus on helping them to maintain and develop their independence. People's health and nutritional needs were well supported to enable them to stay healthy. They were supported to engage in meaningful activities and maintain and develop their personal interests.

People were safe living in the home. Staff were trained and supported to identify and manage any potential risks to people's health, safety and welfare. The provider had systems in place to ensure that people were protected from the risk of abuse and staff knew how to contact other agencies to report any concerns of this nature. The provider also had clear systems in place to ensure that they only employed staff who were suitable and safe to work with people who lived in the home.

The provider and the registered manager ensured there were enough staff with the right skills to promote and maintain a personalised approach to supporting people. Staff were trained and supported to manage people's individual needs, and to keep up to date with good practice and relevant legislation. Their training programme included courses about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. People's rights were respected in accordance with this legislation. They were supported to make decisions for themselves wherever they were able to do so. Where restrictions to their freedom had been authorised, the conditions applied to the authorisation had been met.

The home was run in an inclusive and open way which enabled everyone to express their views. There were

systems in place to enable people, their relatives and other visitors to raise concerns or complaints and have them resolved. People and their relatives also had more formal opportunities to provide their feedback about the quality of the service by way of satisfaction surveys.

Systems were in place to ensure that any shortfalls in the quality of the services provided were identified and improved in a timely manner. The systems included regular audits of the key areas of support and practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from potential risk and harm by staff who knew how to identify and manage any concerns

There were enough, appropriately recruited, staff available to provide the support people needed and wanted.

Medicines were managed in a safe way.

### Is the service effective?

Good ●

The service was effective.

People's needs and wishes were met by staff who were well trained and supported.

People received support to access the healthcare services they needed, and they were supported to eat and drink enough to stay well.

People's right to make decisions for themselves were protected by staff who understood and followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were encouraged to maintain and develop their independence.

Staff provided support in a warm and caring manner.

### Is the service responsive?

Good ●

The service was responsive.

People were supported in a way that was personalised and responsive to their changing needs and wishes.

People were supported to maintain and develop social activities and personal interests.

People knew how to raise concerns and complaints and arrangements were in place to manage them appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider and registered manager promoted an open and inclusive culture within the home. They took account of people's views about the quality of the services provided.

Staff were well supported and encouraged to raise any concerns they had.

Systems were in place to monitor the quality of the services provided and address any shortfalls in a timely manner.

# Spencers Lodge

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 4 October 2016 and was unannounced. The inspection team consisted of a single inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

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

We spoke with five people who lived in the home and we looked at three people's care records. Following the inspection we spoke with three relatives by telephone. We did this to obtain their views about how well Spencers Lodge was meeting their loved ones needs. We also spent time observing how staff supported people to help us better understand their experiences of care.

We spoke with four staff members, the registered manager and the provider's Chief Executive Officer. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe living at Spencers Lodge. One person said, "I feel safe because my room is near to staff. They can hear if I'm not well in the night and help me." Another person told us, "I'm safe here; they help me to do things like road safety." They went on to tell us how they had a mobile phone so that they could contact staff when they were out of the home if they had any problems. Relatives we spoke with echoed the views of people living there and thought their loved ones were safe. People said that staff spoke with them about issues such as bullying and what to do if they experienced this. They also told us that staff helped them to understand what to do if there was an emergency in the home such as a fire.

We saw that there was information around the home about how people and the staff who supported them could raise any concerns about personal safety. Phone numbers for external agencies such as the local authority were available as was information about topics such as evacuating the building in emergencies and bullying. All of the information was presented in words and pictures so that everyone could access it.

Staff demonstrated a clear understanding of people's needs regarding their safety. They described the ways in which people were supported, for example, with their mobility or epilepsy. They also described how people were supported with positive risk taking such as learning to use public transport on their own, going swimming and developing their cooking skills. This meant that people could continue to develop their skills and lifestyles in a safe way.

Potential risks to people's health, safety and welfare were identified and planned for within their care plans. We saw that the risks were reviewed regularly with the person where they were able to be involved. Examples of the risks highlighted were falls, poor nutrition, experiencing epileptic seizures and using kitchen equipment. Throughout the inspection we saw that staff followed risk management plans. An example of this was when they supported a person to go swimming with a group of other people. The outing was planned so that the person had their own staff member to support them when they were changing and when they were in the pool. As the person had little experience of swimming this meant that they could remain safe whilst becoming familiar with the experience.

Staff told us they received training about how to keep people safe and this was reflected in staff training records. Staff understood how to contact local authority safeguarding teams and were aware of the provider's procedures for reporting any concerns they had. They were also aware of the provider's procedures for reporting any accidents or incidents. Records showed, and the registered manager told us, that no-one who lived in the home had experienced an accident in the past 12 months. People we spoke with also confirmed this.

The provider had carried out a range of checks before any new staff started work in the home. They did this so that they could make sure their employees were suitable and safe to work with people who lived in the home. The checks included seeking references from previous employers, confirming people's identity and carrying out checks with the Disclosure and Barring service (DBS).

People who lived in the home told us there were always enough staff on duty to provide the support they needed. We saw there were staff rotas in place to show how many staff the registered manager said needed to be on duty and how they were deployed during the shifts. Several people who lived in the home benefitted from having the individual attention of a member of staff at certain times of the day. This meant they were able to engage in the daily activities and leisure pursuits of their choice. We saw that duty rotas identified which member of staff would be working with which people who lived there. The duty rotas also showed where members of the provider's team of bank staff had been required to cover situations such as leave or sickness. This was an established team of staff and the people who lived in the home told us they knew those staff members and were happy to be supported by them.

There were clear arrangements and procedures in place to ensure the safe storage and administration of medicines which people needed to take. We saw that there were enough supplies of the right medicines in the home so that people consistently received them. Records showed that staff recorded stock balances when they administered medicines so that they could make sure they ordered new stocks in a timely manner. Records also showed, and we saw that staff signed medicine administration charts (MAR's) to confirm they had given people their medicines at the correct time and in the way they were prescribed.

Most people stored their medicines in a secure cabinet within their bedroom. People told us staff administered their medicines at the times they needed them and in the ways they preferred. We saw in one person's care plan that staff had worked with the person's GP to adjust the timing of medicines administration to better suit the person's daily routines. One person told us how they were being supported to be more independent with their medicines. We saw that staff followed the provider's guidance about this type of support and completed regular progress monitoring records. Staff told us they received training about how to manage medicines in a safe way. The training included how to administer medicines that people needed in an emergency such as an epileptic seizure.



# Is the service effective?

## Our findings

People we spoke with told us that staff knew how to support them and understood what they wanted. This view was echoed by the relatives we spoke with. People who lived in the home and their relatives told us staff were knowledgeable about people's health needs as well as how to support their day to day lives.

Staff told us they were provided with a range of training and support which helped them to understand their role and what was expected of them. They told us about training in subjects such as supporting people's behaviours, autism awareness, sign languages and epilepsy management. Records confirmed that staff had undertaken regular training, including the completion of induction training when they started to work at the home. We saw that the induction programme for new staff was based on a nationally agreed framework called The Care Certificate. The registered manager showed us the training matrix, which enabled them to plan appropriate training for the year ahead.

Staff told us, and records confirmed that they had the opportunity to regularly meet with senior staff or the registered manager to discuss their personal development and training needs. They also told us that the registered manager and other colleagues were always available and willing to advise and support them in their daily work. We saw examples of this such as the registered manager and other staff supporting a colleague to complete a care record that they had not done before. A member of staff told us, "There's plenty of support around, we only have to ask."

Staff told us that their training programme included courses about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. DoLS provides a legal framework for ensuring that people are not deprived of their liberty unless it is in their best interests and legally authorised under the MCA.

The registered manager and staff demonstrated a clear understanding of MCA and DoLS guidelines when we spoke with them. Records showed that the registered manager had taken the appropriate actions to ensure people were supported through a DoLS authorisation and staff were aware of who the authorisation applied to. We saw the conditions of the authorisation were being met and regularly reviewed with those involved in the person's life.

We saw throughout the inspection that staff encouraged people to make their own decisions where ever possible. Examples of this were seen such as people being supported to choose what they wanted to eat, what they wanted to wear and who they wanted to spend time with. Staff also demonstrated their understanding of how each person made their choices and decisions, following the information that was recorded in people's support plans. For example, one person was supported to make a decision as to whether or not they wanted to go swimming. Staff used words and sign language to convey information for the person and checked that the person understood the information at different times during the morning.

Records showed that people's capacity to make certain decisions regarding aspects of their life such as

finances and personal care had been assessed. Where a person was able to make a decision for themselves their decision was recorded. There were also records to show where decisions had been made in a person's best interest when they were unable to do so.

People told us that they met every week to talk about their food choices and plan their menus. One person told us, "We all say what we want, and we can help with the shopping and cooking if we want." Another person told us how people who had limited verbal communication were supported with picture cards to help them make their choices of foods. Three people sat with us and showed us the menu for the coming week which reflected their choices for their main evening meal. They told us they could choose what they wanted each day for breakfast and lunch and we saw some people doing so during our inspection. One person spoke with us about healthy food options and how staff supported them with those options. Staff told us they encouraged people to choose a healthy and balanced diet. Throughout the inspection we saw people had free access to drinks of their choice. People's support plans recorded their food and drink preferences and whether they had any particular dislikes. The records also showed where people had any specific dietary requirements such as for help with weight management.

People told us they were supported to stay healthy by having access to healthcare professionals such as their GP, dentist, optician and chiropodist. Records showed that people were also supported to access more specialist healthcare professionals such as Consultants and physiotherapists as they needed them. We saw that people were supported to attend well-man and well-women clinics so they could address any gender specific issues. During the inspection we saw people being supported to attend healthcare appointments. One person told us, "I don't need the doctor a lot now but the staff help me to get an appointment as soon as I need one." Staff demonstrated a clear understanding of each person's healthcare needs. People's support plans gave clear instructions as to how staff should support specific needs such as epilepsy and how to identify if people's health needs changed.

## Is the service caring?

### Our findings

Everyone we spoke with told us they enjoyed living at Spencers Lodge. One person said, "I'm very happy here because I'm becoming more independent." Another person said, "What more could you want, we all get on together and the staff are great." Relatives we spoke with described staff as "very caring" and "kind and helpful." One relative told us they were "impressed" with the patience displayed by staff.

The registered manager and staff demonstrated a commitment to ensuring that support was personalised and people were involved in planning their support. An example of this was that everyone who lived in the home had a keyworker. People said they could spend time regularly with their keyworker to discuss their support plans, their day to day lives and any issues or concerns they might have. One person described their keyworker as, "Someone I trust and who helps me a lot." A member of staff told us, "Everyone is an individual, we get to know them and they get to know us. It's like another family."

Two people invited us to into their bedrooms to chat with them. We saw that they had been supported to decorate and furnish their rooms in the styles they preferred and use personal items to reflect the way they liked to live. They told us they felt comfortable in their rooms and had everything they needed and wanted.

We saw that some people needed extra support with their preferred routines and the registered manager ensured that staff were individually allocated to provide that support. People who lived in the home and staff told us that although some people needed extra support they were encouraged to maintain and develop as much independence as they were able to. One person spoke with us about how staff helped them to set their alarm clock to wake up in the morning rather than relying on staff to wake them. They told us this was because they wanted to live independently in the future.

Throughout the inspection we saw staff speaking with people in caring and respectful voice tones. They displayed warmth in the way they communicated with people, using relaxed body language and ensuring people had their full attention. They demonstrated that they were actively listening to what the person wanted to say and took actions to address any issues or requests the person conveyed. People's support plans indicated situations that may cause them stress or anxiety and, when we spoke with them, staff displayed a clear understanding of how to support people with this need.

We saw that the provider organisation, the registered manager and staff promoted issues related to equality and people's rights. A range of information was available for people who lived there and staff regarding these issues. The information included an easy read version of the Equality Act 2010 and its protected characteristics such as religion, gender and disability. People we spoke with said that staff talked with them about these issues in ways they could understand.

Information about local advocacy services was also provided for people who lived there and staff to refer to if they had a need. Advocacy services can provide support for people to make and communicate their wishes and are independent of the provider's organisation. The registered manager told us no-one who lived in the home was currently using these services.

People told us that staff took care to maintain their privacy and dignity. One person said that, "Staff knock on my door if they want to see me and I invite them in." They went on to say that they could lock their bedroom door if they wished to enhance their privacy. Another person told us that as well as their bedroom there were other areas in the home where they could be on their own if they wished. Throughout the inspection we saw that staff maintained people's privacy and dignity by, for example, ensuring personal support was carried out in private areas and doors to bathrooms and toilets were closed when the rooms were in use. We also saw that staff encouraged people to respect the privacy and dignity of others who lived in the home. One person told us, "We don't go into other people's rooms and we don't interrupt if someone is on the phone. I always check no-one is in the bathroom before I go in."

The registered manager and staff demonstrated that they understood how important it was to ensure that people's personal information was kept in a confidential and secure manner. This related to written records and verbal information. We saw that staff discussed personal information with people in private and made sure their written records were securely stored. We also noted that staff had supported people to understand how they could have more control over their personal information. When we asked if people were happy for us to look at their support records one person said they would prefer that we did not. They went on to explain that staff had told them that they could decide who saw their records.

## Is the service responsive?

### Our findings

People told us they were involved in planning and reviewing the support they needed and wanted. They told us they spoke with staff regularly about their support plans and updated them as their needs and wishes changed. Some people were happy for us to look at their personal records. Support plans clearly identified people's needs and wishes and guided staff about how best to support the person. We saw that they reflected the involvement and regular reviews that people told us about. However, the recording of review meetings was lacking in detail, for example, about why some plans had changed or stayed the same and what the person's views were. The registered manager acknowledged that review records lacked detail and said she would address this with the staff team.

We saw that people reviewed the support they received on a more formal basis at least once a year. Relatives we spoke with told us that they were able to take part in the annual reviews, as well as any health and social care professionals who were involved with their loved one's support.

People had been supported to complete a document called 'All about me' as part of their support planning process. This document is based on national guidance for good practice. It sets out how the person wishes to be supported, what is important to them as individuals and what their hopes, dreams and goals are. People told us that staff supported them to achieve the goals they set for themselves. One person told us how staff were helping them to achieve their goal of mobilising without special equipment and another person told us how staff helped them to be more independent when travelling outside the home.

All around the home we saw photographs of people enjoying annual holidays, day trips and other social activities. People told us they were supported to engage in a wide range of social activities and were able to maintain their own interests. One person told us, "I love it here, we do lots of things. Horse riding is my favourite." Another person told us, "We get to do a lot of activities; we're always out and about." Other people told us about enjoying dance classes, evenings out at a local club, swimming sessions and bowling. One person described how they were supported to maintain their interest in exercising and we saw that they had an exercise machine in the home to help them with this. Another person told us how they enjoyed watching their favourite comedy videos. People also told us they enjoyed attending a range of classes within the provider's adult skills programme. One person said they liked art classes and told us how they had recently had one of their paintings displayed in an exhibition at a local theatre. They said, "I feel proud my work is on display."

The provider had systems in place to ensure any concerns or complaints were dealt with in a timely manner. Records showed that one complaint had been received in the home within the last 12 months and had been resolved in line with the provider's complaints policy. The policy was displayed in the home and people knew where it was. We saw that the policy was available in words and pictures so that everyone could access the information.

People we spoke with, and their relatives, told us they would be happy to raise any concerns or complaints with the registered manager or staff. They said they were confident that their issues would be sorted out

quickly and fairly.

# Is the service well-led?

## Our findings

Everyone we spoke with during the inspection told us they thought that the home was well managed. They were all familiar with senior managers from within the provider's organisation. People who lived in the home said they saw senior managers "quite often." One person said, "They're nice people." Staff told us they felt well supported by provider organisation and enjoyed working for them.

There was an established registered manager in post who was supported by a deputy manager. We found that people who lived in the home and staff members were relaxed and comfortable in the company of the registered manager and freely communicated with them. The registered manager had a detailed knowledge of people's needs, preferences and wishes. One person told us, "[The registered manager] helps me out a lot."

The registered manager demonstrated a clear overview of the individual skills staff members had and how they used those skills for the benefit of people who lived in the home. We saw an example of this when the registered manager was discussing which staff would support a person on an outing. A staff member told us, "We get very good support from [the registered manager]. I can raise issues and get listened to. I feel respected as part of the team." Staff also told us they were kept informed about issues within the home and the provider's organisation. We saw the minutes of team meetings from February, April and August 2016 which showed matters such as equality and diversity and keeping people safe were discussed.

Staff told us that there were arrangements in place to ensure they were supported in their work at all times. They told us that if the registered manager or their deputy were not available a manager from another part of the organisation was allocated for them to contact. Staff also told us they were aware of the provider's whistleblowing policy and said they would not hesitate to follow the process if they needed to.

People we spoke with told us that they felt involved in how the home was run. They said the registered manager and staff asked them for their views about topics such as any proposed changes to the home environment or what group activities they would like to be supported with. Throughout the inspection we saw staff and the registered manager encouraged people to express their views about their daily lives. People also told us they met as a group, with staff, each week to discuss things like menu planning.

People who lived in the home and their relatives told us they were invited to complete an annual survey about the quality of the services provided within the home. We saw the results of the last survey carried out in March 2016. The responses and comments were largely positive and actions had been taken to follow up on any issues raised. However, a relative indicated that they did not always receive clear feedback about the results of the surveys. Following our visit we spoke with the registered manager about this and they agreed to address the issue.

The provider had systems in place to monitor the quality of the services provided for people. We saw that regular audits of topics such as health and safety, medicines arrangements and support planning took place. Action plans were developed following the audits to address any identified shortfalls. The audits were

carried out by a manager from another of the provider's locations in order to provide an element of objectivity. The registered manager showed us that the auditing process had recently been reviewed and amended and a new recording format was currently being tested. They told us that the new format was designed to better reflect the provider's legal and contractual responsibilities and duty of care towards the people they supported, and the involved stakeholders, such as the local authority and CQC.