

Linkage Community Trust Limited(The) Keal View

Inspection report

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Date of inspection visit:
28 July 2016

Date of publication:
31 August 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 Keal View on 28 July 2016. The inspection was unannounced.

Keal View is registered to provide accommodation and support for up to 11 people who have a learning disability. People are invited to have short breaks at the home so that they can have a holiday. It is situated within the grounds of the provider's college services.

There was a 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. Throughout this report we refer to the registered manager and the registered provider as 'the manager' and 'the provider'.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (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 were supported to make their own decisions and choices whenever they were able to do so. The manager and staff understood the legal safeguards set out within the MCA and followed them when people were unable to make their own decisions and choices. At the time of the inspection no-one who regularly stayed in the home was subject to restrictions under DoLS guidance and the manager and staff knew how to apply for authorisations if there was a need.

People were treated with respect and dignity. Staff offered support in a kind and caring manner and promoted people's right to privacy.

People had been consulted about the support they wanted to receive and they had been given all of the assistance they needed. People were able to enjoy a varied social life and they were supported to maintain and develop their life skills. There was a system in place for resolving complaints and people and their relatives knew how to raise concerns.

Staff knew how to identify and manage any risks that people may experience when they stayed in the home. Medicines were managed safely and people received the support they needed with their healthcare, including support to eat and drink enough to stay healthy.

There were enough staff on duty and background checks had been completed before new staff were appointed. Staff had received training and guidance and they knew how to support people in the right way.

Quality checks had been completed to ensure that people received the support and services they needed. The home was managed in an open and inclusive manner and good team work was promoted. Staff were encouraged to speak out if they had any concerns and to share their views and ideas to help the home develop the services it offered.

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.

Staff knew how to support people to stay safe and recognise and report signs of potential abuse.

People had been supported to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions for themselves whenever possible. Legal safeguards were followed when decisions were made in people's best interests.

Staff had received training and guidance to enable them to support people in the right way.

People were helped to eat and drink enough to stay well and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the support they wanted to receive.

Staff had provided all of the support people needed, including help for those people who experienced anxiety or distress.

People were supported to engage in a range of social activities and pursue their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The manager promoted good team work and staff had been encouraged to speak out if they had any concerns.

Quality checks had been completed to ensure that people received the facilities and care they needed.

Keal View

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 28 July 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.

Six people were staying in the home at the time of our visit. We spoke with four of those people and we looked at three of their support records. We also spoke with three relatives during the inspection in order to gain their views about the services provided for their loved ones. Some people who were staying in the home chose not to speak with us so we spent time observing how staff provided support for people to help us better understand their experiences of being supported.

During the inspection we spoke with the manager, the deputy manager and two support workers. We looked at two 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

Everyone we spoke with told us that Keal View was a safe home to stay in. A person who was staying there said, "We're definitely safe here, the staff keep us safe." Another person described how staff supported them to stay safe when, for example, they were crossing roads or when they used the internet.

Relatives told us they had confidence that the manager and staff who worked in the home were aware of the risks people faced and knew how to minimise them. One relative said, "[My loved one] is definitely safe here. I wouldn't let them come otherwise." Another relative told us, "I can relax when [my loved one] is there because I know they are happy and safe."

Everyone was able to describe what they would do if the fire alarm sounded and, for example, they knew that cleaning chemicals were locked away when not in use so they did not present a risk for people. They also knew how staff protected their money when they came to stay at the home. One person told us how staff kept their money in a secure cupboard. They showed us how they counted their money with staff who then recorded when they had spent any. They showed us that the amount of money in their purse matched what the records said should be there.

People's support plans identified the situations which presented a risk to them, such as being out alone in the community or mobilising outside the house without the use of a wheelchair. Plans were in place to support people to manage the risks in a safer way whilst maintaining their independence. Staff demonstrated that they knew about the risk management plans and how to support people to stay safe.

We saw that equipment within the home such as hoists, fire alarm systems and electrical goods were regularly checked to ensure they remained safe to use. The provider had a plan in place to ensure that people's support could continue if they were not able to stay in the house because of an event such as a fire or a flood.

Staff were trained to understand the type of situations in which people may be at risk of abuse or harm. They demonstrated their understanding of this topic during the inspection and were aware of the provider's policy about how to manage this type of situation. They knew which external organisations, such as the police and the local authority that they could also report any concerns to.

There was information available in the house to help people who stayed there to understand what to do if they felt unsafe or experienced any abuse or harm. The information was presented in words and pictures so that everyone could access it.

People and their relatives told us that there were enough staff on duty to meet everyone's needs. Staff duty rotas showed that staffing levels were flexible, based on the number of people staying at the home and the type of support they needed. The manager told us, and we saw there was a core team of support workers which was supplemented by staff from the provider's bank staff system whenever needed. Bank staff were usually familiar to people who stayed in the home as they worked in other parts of the provider's services

which people used.

Staff told us, and their recruitment records showed they were subject to a range of checks being carried out by the provider before they were offered employment. Examples of the checks carried out were previous employment reviews and obtaining references from previous employers. The provider also carried out checks with the Disclosure and Barring Service (DBS) to ensure prospective staff were of a suitable character to work with people who stayed in the home.

People brought their own medicines with them when they came for a short break at the home. Staff described the systems they used when they checked medicines into the home with the person's main carer. Examples of the actions they took were to check that the medicines were in their original containers and to ensure they were correctly recorded on the medicine administration charts (MAR's). Staff said they also checked if any medicines had changed since the last time the person came to stay and if there were any special instructions for administering the medicines correctly.

Medicines were stored and administered in line with national guidance and good practice. This included those medicines which required more specialised recording and storage arrangements. We saw MAR charts were completed in full and standardised codes were used to show why a person may not have received their medicines as prescribed. Examples of this would be where a person may have refused their medicines or chosen not to take a pain relief medicine. Staff knew how to dispose of spoiled medicines in a safe way. We saw three people receiving their medicines during the inspection. Staff demonstrated that they knew exactly how each person liked to take their medicines including whether they wanted a drink with them or where they preferred to take them.

Is the service effective?

Our findings

People told us and showed us that they were well supported in the service. They were confident that staff knew how to support them reliably and understood how they liked their support to be provided. One person told us, "I think they all know what they are doing. They'll help me with anything I need." A relative said, "They know all about [my loved one's] needs and how to look after [my loved one]. There are no problems."

Staff told us and records showed that they received a comprehensive programme of induction training when they started to work at the home. This included being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way. Staff told us they were also able to work alongside experienced staff members until they were confident and assessed as competent to work without direct supervision.

As well as their introductory training, we found that staff were offered an on-going training programme which was related to people's needs. Training in key subjects such as managing behaviours, moving and handling people and epilepsy awareness was provided. Staff were also supported to undertake courses leading to nationally recognised qualifications in caring for people. Throughout the inspection staff used the knowledge they gained from their training to provide effective support for people. We saw they understood the types of communication methods that people preferred such as using signs, they supported people to successfully manage their anxieties and they helped people to move around the home in a safe way.

The manager and staff had received training about the Mental Capacity Act, 2005 (MCA). They demonstrated their understanding of how to apply this legal guidance when they supported with their decision making. People's support plans set out what support if any, people needed to make decisions about key areas of their life. People told us staff always gave them support and information if they needed to make a decision. One person told us, "They never tell us what to do. They ask us what we want." Another person said, "If I'm not sure about something I talk to staff and they help me to decide." An example of this was when people were deciding where they wanted to go during the evening. Staff stayed in the background whilst people had the discussion and only gave advice or information when they were invited to do so. We saw that this helped people to come to a decision that everyone was happy with.

Where people were not able to make a decision for themselves, the registered manager and staff demonstrated their understanding of how to work with others who were important to the person, such as their family or their GP, to ensure decisions were taken in the person's best interest.

Arrangements were in place to ensure people were not unlawfully deprived of their freedom and that they were protected by legal safeguards. People can only be deprived of their freedom 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 manager confirmed that no one who regularly stayed in the home needed to have their freedoms restricted under DoLS guidelines. However, the manager and staff knew what constituted a restriction to people's

freedom and how to apply for DoLS authorisations should this be required.

People told us they were supported to eat and drink enough to stay healthy when they stayed in the home. They told us how they had flexible menus from which they could choose what they wanted to eat. Relatives told us staff had a good understanding of what their loved ones did and did not like to eat and they could bring their favourite food with them when they stayed at the home if they wished to do so. One person told us they brought their favourite type of pizza with them in case they were not available in the shops near to the home.

Staff described in a knowledgeable way the range of specialist diets that they were able to support people with such as, gluten free, dairy free and macrobiotic diets. They told us how they worked with people and their families to ensure they had separate cooking equipment available to prevent any cross contamination of foods where this would present a risk to people. We saw a range of fresh fruit and snacks were freely available for people. A person told us, "I like having fruit around because it's healthy." We saw people had free access to a range of hot and cold drinks. Throughout the inspection we saw staff tactfully checked to make sure people were having enough to drink and offered people drinks when they needed to.

Staff recorded in daily handover notes what people had to eat and drink through the day so that they could identify if anyone needed extra support with their diet. The manager said that if they identified a risk related to anyone's diet they would liaise with the person and their relatives about the course of actions that would be appropriate for them to take. The manager also knew how to make referrals to services such as dieticians and speech and language therapists if people needed their support.

People told us that staff helped them if they did not feel well whilst they were staying at the home. One person told us staff supported them to take pain relief tablets if they had a headache. Another person said, "They always ask if I'm feeling okay." People's support plans set out how staff should help them with their healthcare needs. There was also an up to date document in place which showed how healthcare professionals could best support the person should they need to, for example, go to hospital whilst they were staying at the home. Staff demonstrated their understanding of people's health needs when we spoke with them, for example, in relation to epilepsy or allergies. They described how they obtained and recorded up to date healthcare information each time a person came to stay at the home. We saw that support plans were then updated to reflect any changes identified. The manager told us they would liaise with people's usual GP's or other healthcare professionals if anyone experienced healthcare issues during their stay at the home.

Is the service caring?

Our findings

People told us they liked coming to stay at Keal View and looked forward to their stay there. Relatives echoed this view. They made comments such as, "[My loved one] loves it there, they really look forward to going" and "[My loved one] definitely has a good time, they love going." Relatives also told us about the positive impact the service had for people and their families. They told us people could meet up with friends and develop their life skills in a different environment. One relative said, "They really do try to fit the service around what [my loved one] and the family want and need. That helps us out a lot."

Everyone we spoke with told us that they liked the staff who worked in the home. They said staff treated them with respect and kindness. A person told us, "I would like to tell you that all the staff are kind and nice and polite to me; they never shout or get angry." Another person told us, "It's good because it's a holiday place so we don't have to do anything if we don't want to; staff just want to help us have a good time." This person also told us that staff encouraged people to maintain their life skills, such as doing their laundry or helping to cook, so that they could retain their levels of independence when they returned to their own home.

People said that staff respected their privacy and encouraged them to respect the privacy of others who were staying in the home. At various times throughout the inspection we noted staff and people staying in the home, for example, knocked on people's bedroom doors and waited for an invite to enter. We saw they also checked that no-one was using bathrooms or toilets before they entered them in case someone had forgotten to lock the door. One person told us how they liked to spend time on their own in their bedroom. They said that staff never opened their door or came into their room without asking their permission.

There was a happy and relaxed atmosphere throughout the inspection. People who were staying there interacted freely with staff and appeared to enjoy their company. They shared jokes together and sat and relaxed with each other. We found that people displayed confidence and an open approach when sharing their views and opinions with the manager and staff. We saw staff encouraged people to say whatever they wanted about the services they received. One person explained to staff where they wanted their personal records kept and who they would allow to see them. Another person told staff how they wanted their lunchtime to be arranged. We saw people were also confident to challenge any suggestions or ideas that they did not agree with. Staff responded in calm and respectful ways; demonstrating to the person that they were actively listening to their views and encouraging discussions. One person told us, "I'm an adult now. I don't have to agree with everything. Staff know that and listen to me."

The manager told us that no-one who was staying in the service at the time of the inspection was using advocacy services. These are services that are independent of the home and can help people express their views. The manager and staff were aware of how they could support people to access these services if they needed them. Information was available in the home to help people who stayed there and staff to do this.

People knew that staff were responsible for keeping their personal information in a confidential manner. Two people showed us where their personal records were kept. They were located in an office which was

locked when no-one was in the room. The people also explained to us how they had access to their records at any time they wanted and said staff would unlock the office for them. Staff understood the importance of keeping people's personal information in a confidential manner in order to respect and protect people's rights.

Is the service responsive?

Our findings

People and those who were important to them were involved in deciding what support they wanted and needed whilst they were staying in the home. Support plans were developed for each person to record their needs and wishes and set out how staff should support them. As people only stayed in the home for short periods of time the manager had developed a system to ensure that support plans were kept up to date and reflected people's changing needs and wishes. The system involved the completion of a detailed information sheet by staff, the person themselves and their relatives where appropriate at the beginning of each stay. This information was used to update the person's support plan and ensure all of the staff team had access to up to date information.

People and their relatives told us that staff knew about people's needs and wishes in detail. One person said, "They know what I like and don't like. They know I don't like a lot of noise and help me with it." A relative told us, "The staff really understand [my loved one] and how to promote their independence." Another relative commented that staff were very supportive when their loved one experienced anxiety and they knew how to help the person calm quickly.

During the inspection staff demonstrated their understanding of how to support people who experienced periods of anxiety or distress. One example we saw was where a person had asked to speak with a member of staff because they were feeling anxious. The staff member quickly identified the cause of the person's anxieties. They gently explained to the person that although they could not remove the cause of the anxiety they could help them to relax and develop a coping strategy. We noted that following this and other support from staff members the person displayed more relaxed body language and interacted more openly with others.

People told us that staff provided them with a wide range of support. They gave us examples of support with bathing and dressing, support to mobilise safely and support to eat well and stay healthy. The manager and staff told us they also provided support such as extra staff through the night for a person who sometimes stayed at the home and experienced complex needs. We saw that the home was designed in ways which enabled staff to support people with a range of needs. Examples of this was the specialist equipment which was available such as shower beds, ceiling track and mobile hoists, and specialist beds with integral bed rails. The downstairs area of the building was also designed to ensure there was enough room for people who used wheelchairs to safely move around.

In keeping with the nature of the services provided, we found that there was a focus on supporting people to enjoy a full social life, engage leisure activities of their choice and develop their social networks. We sat and chatted with three people about the types of activities they were able to engage in when they stayed at the home. They told us that they enjoyed picnics and barbeques in the garden and one person showed us that there was a selection of outdoor games that they could also use. They told us they had also been able to plant flowers in pots to help the front of the house look nice. They described a variety of day and evening trips they had been on during their stay such as going to the seaside, the cinema and to local pubs and restaurants.

During the inspection one person decided to use their flexible staff support hours to enable them to go on a day trip to a historic city. We saw that staff helped them to plan the trip and decide on the best day to go. We also saw a group of people discussing what they wanted to do that evening and they agreed on a trip out rather than staying at home. Again, staff helped them to make arrangements such as transport to their chosen venue.

People also told us that staff supported them to maintain their hobbies and interest. One person told us that they enjoyed doing art work and we saw staff supported them to do this in the afternoon. Another person told us how they like to watch films about a hobby they only engaged in when they were at home with their family. Some people who came to stay at the home liked to use computer equipment to stay in touch with family and friends. A computer was available in the home for them to use and staff also encouraged them to bring their own equipment if they preferred.

People told us they knew what to do if they were not happy about any aspect of their support. One person said, "I'd speak to [the manager] or any of the staff." Another person said, "I would complain. I'm allowed to do that. They'd sort it out." A relative commented "[The manager] is approachable and I'd be comfortable raising any concerns with her; I'm confident they'd be dealt with."

The provider's complaints policy was available to people who stayed there and any other visitors to the home. We saw it was presented in words and pictures so that everyone could understand the information. Records showed that no complaints had been made about the home in the 12 months preceding our inspection. The manager told us how they resolved minor concerns that had been raised in an informal manner, to the satisfaction of the people who had raised them.

Is the service well-led?

Our findings

There was an established manager in post and there was a clear management structure within the home and the provider organisation. Staff demonstrated throughout the inspection that they understood the management structure and their own roles within the team. They told us there was a clear system in place to provide them with management support when the manager was away from the home such as during the night. They said that they had always experienced a timely response from manager who provided on-call support. Staff were aware of the provider's whistleblowing policy and said they would feel comfortable to raise issues about the way people were supported if there was a need.

Staff told us the manager was approachable and supportive and acted as a role model for the team. One member of staff described the manager as, "Very responsive and a good listener." Staff said they were kept informed of developments within the home and the provider organisation and were encouraged to share their views and opinions about the service. They said they were also encouraged to think about any improvements they could make to the service and share those ideas with the team.

Records showed that team meetings took place where staff could discuss any issues they had and receive information about new and up to date practice guidance. We also saw that there was opportunity for staff to learn lessons from events that had occurred within the home or the provider's other services so that they could improve the way they provided support for people. The manager also told us that they had begun to attend a regular network meeting run by the local Clinical Commissioning Group (CCG). They said that the meeting enabled them to develop links with the managers of other health and social care services and share ideas and good practice. The manager said the knowledge gained from these meetings was then shared within the provider organisation and the staff team at Keal View.

The manager demonstrated that they understood their responsibilities under The Health and Social Care Act 2008 and associated regulations. For example, they knew when and how to notify the commission of any untoward incidents which occurred in the home. Our records showed that we had not received any notifications of this type in the previous 12 months. The manager confirmed that this was an accurate reflection of the situation within the home.

People and their relatives knew who the manager was said they were available to speak with whenever they needed them. One person who was staying in the home told us, "[The manager] is the very best boss." Relatives told us that the manager communicated well with them and kept them informed about the service and their loved ones support.

We noted that people and their relatives were regularly invited to share their views and opinions about the services provided by way of satisfaction surveys. The outcomes of the last survey completed earlier in 2016 showed a high level of satisfaction with the services provided. The manager told us that the provider had recently improved the survey outcome reports. The reports now included an action plan to demonstrate how any comments or issues within the surveys had been responded to.

The provider had a system of audits in place to ensure that the quality of the services provided was regularly checked. We saw the outcomes of audits carried out in February 2016 and June 2016 and noted that actions had been taken to address any issues highlighted. The audit checks were carried out by a manager from another of the provider's homes to ensure the judgements made about the services provided were objective. The provider also carried out an annual audit regarding the delivery of person centred support. This audit was based on the standards set out within the five domains we use to assess the quality of services within a home. Again we saw that action had been taken to address highlighted issues. In addition, the manager carried out in-house audits of areas such as infection control arrangements and medicines arrangements and fire safety arrangements.