Care Quality Commission

Linkage Community Trust Limited(The)

Beech Lodge - Mablethorpe

Inspection report

Stanley Avenue
Mablethorpe
LN12 1DP
Tel: 01507 479781
Website: www.linkage.org.uk

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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

Overall summary

The inspection took place on 2 October 2015 and was unannounced.

Beech Lodge is registered to provide accommodation and personal care for up nine people. There were nine people with a learning disability living at the service on the day of our inspection.

There was not a registered manager in post at the time of our inspection. However, the acting manager had submitted an application to CQC. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 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

Summary of findings

their freedom in some way. The management and staff understood their responsibility and made appropriate referrals for assessment. No one at the time of our inspection had their freedom restricted.

People were safe because staff undertook appropriate risk assessments for all aspects of their care and care plans were developed to support people's individual needs. The acting manager ensured that there were sufficient numbers of staff to support people safely and this varied depending on the activities and outings that people were involved in.

People were cared for by staff that were supported to undertake training to improve their knowledge and skills to perform their roles and responsibilities and meet the unique needs of the people in their care.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, dentist and learning disabilities nurse specialist.

People were supported by staff to develop a nutritious and balanced menu for the following week that included their favourite meals and healthy choices. Mealtimes were a social event where all people and staff gathered together in the dining room.

The service had a homely family atmosphere and people were at the centre of all decision making about the smooth running of the service. Staff enabled people to be independent and achieve their personal goals.

People lived busy and active lives and were encouraged to take part in hobbies and interests of their choice. Some people were supported in education, others in work placements, sporting activities and all enjoyed being part of a strong social network. Relatives commented that their loved ones were well looked after and their wellbeing had improved since moving into the service.

People had a say in all aspects of the running of the service, including the appointment of the new Chief Executive. People and staff attended regular meetings about the continued development of the service. Relatives told us that the acting manager and staff were approachable and always had time to talk with them.

The registered provider had robust systems in place to monitor the quality of the service, including regular audits and feed back from people, their relatives and staff. Staff took part in reflective practice sessions and received feedback on their performance through supervision and appraisal.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People were involved in decisions about any risks they took.

People were supported to take their own medicines safely.

Staff had access to emergency contingency plans to people to remain safe

Good

Is the service effective?
The service was effective

People were involved in planning a nutritious diet and healthy lifestyle

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were cared for by staff who had the knowledge and skills to carry out their roles and responsibilities.

Good

Is the service caring?
The service was caring

Staff formed strong relationships with people and people felt that they mattered.

People were involved in making decisions and planning their care and their preferences were acted upon.

People were treated with dignity and staff respected their choices, needs and preferences.

Good

Is the service responsive?
The service was responsive

People were at the heart of the service. They were enabled to take part in a range of innovative activities of their choosing that met their social needs and enhanced their wellbeing.

People were supported to undertake meaningful occupation in the service and local community that strengthened their independence and self-esteem.

A complaints policy and procedure was in place in an easy to read and pictorial format that was accessible to people.

Good

Summary of findings

Is the service well-led?
The service was well-led

Good

People were enabled to be involved in developing the service.

Staff were supported to drive improvement through reflective practice, supervision and appraisal.

The provider had completed regular quality checks to help ensure that people received safe and appropriate care.

Beech Lodge - Mablethorpe

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 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.

This inspection took place on 2 October 2015 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we looked at previous inspection reports and other information we held about the provider. This included notifications which are events which happened in the service that the registered provider is required to tell us about. We used this information to help plan our inspection.

During our inspection we spoke with the acting manager, a member of the care staff and three people who lived at the service. We also observed staff interacting with people in communal areas, providing care and support. Following our visit we spoke by telephone with three relatives, two members of care staff and two community care workers.

During the inspection we looked at a range of records related to the running and quality of the service. This included two staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided. We also looked at care plans for four people.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I like the staff and I feel safe. I am safe here with the staff. I am safe at night." Staff were aware of what to do if they suspected that a person was at risk of harm or abuse. One support worker said, "We follow the policies and procedures for abuse and harm. I recognise signs of abuse and would escalate. My first port of call would be the deputy or the manager."

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of their care such as using the kitchen. Care plans were in place which enabled staff to reduce the risk and maintain a person's safety. In addition, to support their freedom risk assessments had been undertaken for non-care and external events, such as independent travel by bus and having a front door key. Staff told us that they talked with people about stranger danger and how to keep themselves safe when out in the community. Furthermore, there was an external trips policy to support staff to keep people safe on outings. One support worker told us, "People are safe. We follow their care plans and make sure things are in place to manage risks." We spoke with relatives who told us that their loved ones were safe. One relative said, "He is safe and secure and has a normal life like any other person. That's a big thing. I never fear for him. I am at ease. His life is an adventure and he has his freedom. "

Most people had a mobile phone and were able to maintain contact with the service when they were out in the local community. A support worker told us that people had the service phone number on their mobile phone.

There were systems in place to support staff when the acting manager was not on duty. Staff had access to a business continuity plan and emergency pack to support them in an emergency situation such as a fire or flood. Staff had access to on-call senior staff out of hours for support and guidance. We saw that, some months earlier the plan had been had been activated successfully and people evacuated safely to nearby services registered with the provider when there was a risk that the service may flood due to unseasonal high tides.

There was a robust recruitment processes in place that identified all the necessary safety checks to be completed to ensure that a prospective staff member was suitable before they were appointed to post.

We found that the provider employed sufficient numbers of staff to keep people safe. The acting manager told us that staffing levels were flexible depending on the activities and outings that people were taking part in.

There were processes in place for the ordering and supply of people's medicines to ensure they were received in a timely manner and out of date and unwanted medicines were returned. Most people were self-administering (SAM) their medicines and individual risk assessments had been undertaken for safe storage, administration and disposal. People had their medicines stored in a locked safe in their bedroom and stock levels were recorded each time a person took their medicines. People had signed a contract to self-administer and had information on any identified risks or hazards. Furthermore, staff had access to a medicines policy and SAM procedures. There was guidance to support staff to give people non-prescribed medicine if they had a cough or a headache. One person told us, "I take my own in the morning but staff give me them in the evening." Another person said, "I take my own medicine and take them home [with me] at the weekend." We did not observe people receiving their medicine from staff, but staff told us that they took the person's medicine administration record (MAR) to their bedroom when administering medicines. We saw the MAR charts had been completed with no gaps or omissions.

We were informed that one person who is dependent on staff to administer their medicines had not taken their medicines when on leave with their relatives. Their support worker told us that they had met with their relatives to discuss the importance of the person's medicines and there had been no further incidents.

Good

Is the service effective?

Our findings

Staff new to the service completed a period of induction and undertook one week intensive training in areas relevant to the needs of the people in their care. All staff undertook mandatory training in key areas such as safeguarding, deprivation of liberty safeguards and health and safety. In addition, staff were provided with training in areas such the care of a person living with epilepsy and autistic spectrum disorder. Bank staff received the same level of training as permanent staff. A support worker told us that their induction had prepared them for their role and added, "It let me know what I needed to know." Staff were supported to develop their roles through regular supervision and they received an annual appraisal. We spoke with relatives who told us that they were confident that staff had the skills to meet their loved one's needs. One relative said, "I always get a warm welcome, and can speak to staff anytime on the phone, they know her quite well." A social care professional told us that staff understood people's care needs and had the knowledge and skills to meet their needs.

We spoke with the acting manager, deputy manager and support workers about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is used to protect people who might not be able to make informed decisions on their own about aspects of the care or treatment they receive. Where it is judged that a person lacks capacity to make a particular decision then it requires that a health or social care professional making a decision on their behalf must do so in way that protect their best interests. We saw that there was a policy to support the DoLS and MCA decision making processes. The acting manager and staff had a clear understanding of MCA and DoLS.

We found that people's consent to care and treatment was sought by staff and recorded in their care file. For example, people had signed their consent to self-administer their medicines. When staff were unsure if a person had capacity to consent, they undertook a mental capacity assessment and acted in the person's best interest. We saw this applied to one person who self-administered their morning medicine but not their evening ones. We found that other people had signed their consent to have a seasonal flu jab or personal care.

People met together once a week and planned the following week's menus. A member of staff recorded their discussion and all present signed their agreement. We saw that people had a balanced diet which included their favourite meals and healthy options. The minutes of the last meeting recorded that one person wanted to see more healthy desserts at tea time, so fresh fruit salad was included on the menu twice a week. There was a bowl of fruit on the dining room table and we saw people helped themselves to this after lunch. People told us that when the weather was good they would have a barbeque. One person added, "A healthy barbeque."

The importance of eating a healthy diet played a significant role in people's health education to have a healthy lifestyle. Large print and pictorial guidance on healthy eating was on display in the kitchen. Staff and people had access to guidance on common food allergens such as nuts and gluten and how to identify them on food packaging. People had recently completed a questionnaire on healthy eating and most understood the changes that happened to their body if they ate too much unhealthy food, for example one person responded, "get fat".

At lunchtime the inspector and acting manager sat with people in the dining room. We found a friendly family atmosphere with lots of chat and banter. One person set the table, while another helped to make lunch. We saw people had what they wanted to eat and drink.

People received a weekly health check to monitor their general health and wellbeing that included a record of their weight. They also had regular visits with their support worker to their GP, dentist and chiropodist. When a person had an appointment at the hospital out-patient department their support worker helped them prepare and supported them on their visit. People had a booklet called 'All About Me' that they took with them when they visited the hospital. This informed hospital staff about them as a person, their likes and dislikes and how they liked to be cared for. In addition, they had an emergency 'grab sheet' that went with them if they needed urgent medical care with information about their health, medicines and family contacts. One person told us, "Staff take us to the doctor and we all go to the dentist."

Good

Is the service effective?

We noted that people had routine health checks specific to their age and gender. We found that where a person required support with sensitive and intimate health issues, staff enabled them to access the appropriate healthcare professional and supported them through the process.

People had guidance on the benefits of regular exercise to help maintain good health and were supported to do so. For example, we saw one person went to dancercise classes and swimming and another person attended hydrotherapy classes. We saw that people had shared with staff important things that helped to maintain their emotional and psychological wellbeing. One person had recorded this as “things to make me feel better.” Staff could also call on the support of a learning disabilities liaison nurse employed at the local NHS hospital.

Good

Is the service caring?

Our findings

The service had a friendly family atmosphere and people treated it as their own home. People told us that they liked living at the service. One person who had had lived in several residential settings said, "This is my favourite house." One support worker told us that there was a good relationship between people and staff. They said, "They are very happy. They tell us they are happy, but they will all talk to us if they are upset." Another support worker told us, "It's their own home. It's just about them. They are living their life as they would like to; not us telling them what to do." We saw that one person had recently had a birthday and their cards were on display in the dining room.

We spoke with relatives who told us that their loved ones were well cared for. One person's relative said, "Absolutely fantastic. No problems at all. [Name] has improved since she went there. She is more independent. It's an absolutely marvellous place." Another relative said, "[Name] gets lots of support. I am so proud of him, he now has a job. He is absolutely really happy. He loves Beech Lodge." And a third said, "She absolutely loves it there. The happiest we have ever seen her. That's her home."

People were at the centre of the caring process and were actively involved in making decisions about all aspects of their care and environment. Staff enabled people to maintain their independence. The service did not employ ancillary staff. People were allocated two house days each week and were supported to undertake a range of housekeeping activities, such as shopping, cooking and cleaning. People told us that they enjoyed being involved. One said, "I help staff do teas. I can cook. My favourite is prawn cocktail." This person told us that they were supported to do their own laundry and showed us their personal washing hanging to dry in the back garden. Another person with impaired eyesight was no longer able to cook, but was supported to use the washing machine and iron their clothes with supervision. A staff member told us that they had put special codes on the washing machine that the person could identify with to remain independent. One person's relative commented on how their loved one had learnt new skills. They told us, "I can't give him at home what he gets there. He has to do his chores, cleaning, cooking and shopping; when he lived at home he was happy for me to do it all." Another relative said, "She has a better life than I do. Fully engaged, the focus is on social activities. She is very stimulated, but has some routine in her life such as her job."

Posters on the role of the local advocacy service were on display and accessible to people and staff. These provided care staff and people with information on how to access an advocate to support a person through complex decision making. For example, when a person went through the transition process from a residential college to permanently moving into the service. At the time of our inspection one person had an advocate appointed.

We saw that people had set personal goals called 'dreams' of things they wanted to achieve. For example one person wanted to be more independent and walk to the local shops on their own. We saw that staff supported them to achieve their 'dream'. They had been assessed and observed walking to the shop and a pedestrian safety checklist had been completed. Another person who was in paid employment had organised their own birthday party. They had booked the local pub, with buffet and disco and had invited friends from a neighbouring service.

We saw that people were treated with dignity and respect by staff. Staff told us that this was people's own home and they respected how they wished to furnish and decorate it. We found that people had chosen the decoration and furniture for their bedroom and had been assisted to shop for soft furnishings, ornaments and paintings for the communal areas. Some people invited us to look at their bedroom. On person said, "I picked the wallpaper and the bedding." They laughed and added, "If I don't keep it tidy the staff tell me off."

People's needs to have their privacy respected were supported by staff. We saw that people had the key to their bedroom door. This provided a sense of security and ensured that other people could not enter a person's bedroom without their permission. Staff told us that people seldom went into each other's bedroom and respected each other's personal space. They added, that they would knock on a person's door before entering their bedroom.

Good

Is the service responsive?

Our findings

People had care plans tailored to meet their individual needs and they were actively involved in writing and reviewing their care plans. We saw that care plans were written in an easy read and pictorial format. For example, a care plan for a person who was due to have their seasonal flu jab had a picture of a syringe, and a person who was due an eye test had a picture of spectacles. The use of pictures enabled people to relate better to their identified care needs. We also saw that a person with impaired vision was enabled to read their plans as they were written in large print. Relatives told us that they and their loved one were involved in reviews of their care with their support worker and social worker. One relative said, "We have discussed his moods at reviews and now his medicines help his moods. He is well cared for, they cater for his needs." A visiting social care professional told us that people and their relatives were involved in their care reviews and people were encouraged to speak out about their needs and preferences and this had led to improvements in their wellbeing. For example, they told us that one person had said that they wanted to join a gym, so a referral was made to the physiotherapist for assessment prior to joining to ensure it was in their best interest.

People were supported to maintain relationships with others who mattered to them. One person had recorded in their care file that their boyfriend was important to them. We found that their boyfriend lived in a neighbouring service and they spent quality time together. Another person travelled home by bus each weekend to spend time with their family. Their relative told us, "[Name] travels by bus and we pick them up."

We found that people had a good quality of life and told us that they always looked forward to the next big event. One person spoke excitedly about the holiday they were going on as a train journey and boat trip had been planned.

People took their turn to buy groceries once a week with support staff and some people also went to the local shop on their own if they wanted a special treat for the evening. We saw that one person went to the shop to buy chocolate pudding as they were planning a film and nibbles evening. This person told us that they felt very proud to be going to the shop on their own. People were supported to handle money and were responsible for not overspending on the weekly food budget.

On the day of our inspection, most people were out all day taking part in hobbies and pastimes of their choice. For example, one person was horse riding, others were attending a drama classes and some were undertaking a life skills programme. Furthermore, some people were supported to take part in meaningful employment and develop new skills. We noted that one person was at work experience in a country park and another was working in a local café.

Three people and their support worker returned to the service at lunchtime and spoke with enthusiasm about their morning. They had gone for a walk into the local town and one had visited the hairdresser. They then met up with friends for a coffee.

People told us that they enjoyed an active social life and going out at night. One person said, "I like going to pubs and shows and musicals." Another person told us that their support worker sometimes brought their dog into the service. They said, "[staff member's name] brings her dog in, it gives us cuddles, the dog is mad, bonkers."

We found that people who took part in an art and drama group organised by the provider were putting on a 'Take That' tribute show at an entertainment venue in a nearby resort. People who were taking part were excited about it and said that it was open to the public. One person said, "Anyone can see it." Another person who was not taking part said, "I'm going to support them." They added that the tribute band were very good and had recently sung on the local radio station.

There was a large dining room where people took their evening meal together. In addition there were two lounges where people watched television, listened to music, accessed the computer or played the keyboard. We were told that people entertained their friends in these areas.

One person told us that when the weather was good they played games in the garden such as French bowls, cricket and badminton. We found that people's sporting and academic achievements were recognised. For example, we saw one person had certificates of achievement for horse care and another person showed us their Special Olympics medals. Special Olympics is global initiative that provides all year round sports training and competition in a variety of sports for people with learning disabilities.

Information for people to raise their concerns was in an accessible format such as large print and pictorial easy

Good

Is the service responsive?

read format. The accessibility of this supported people to understand actions to take if they wanted to make a complaint, needed someone to talk to or felt that they were being bullied by others. One person told us who they would go to if they were unhappy. They said, "I'd tell [staff member name] if I was unhappy. [Staff member name] is good." We found that people and their relatives had not had to make a formal complaint to the provider.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service and attended monthly meetings to discuss a range of topics relevant to the smooth running of the service. For example, one person said that they often found taps left running in the communal bathrooms. Other topics discussed included feedback on a recent trip to an aquarium and an invitation to a Halloween party.

We saw that people signed the minute book to confirm that it was a true record of the meeting. In addition, we spoke with a person who had sat on the interview panel for the new chief executive of the provider organisation. They told us that it was important that the chief executive understood their needs and told us, "He did well. I asked him how well he knew the organisation that he wanted to lead."

People were regularly asked for feedback on the service they received and we saw the results of a survey they had responded to in September 2015. The questions were laid out in an easy read pictorial format with smiley faces to answer yes and sad faces to answer no. People all agreed that staff were friendly, that they felt safe and they were listened to.

There was a regular programme of staff meetings held approximately every six weeks and alternative meetings were shared with a neighbouring service. The meetings were shared because both services accessed the same locality and provider facilities and people from both services often went on holiday together. We read the minutes from the previous meeting and saw that staff discussed preparing work references for people to enable them to take part in meaningful employment, a training programme that empowered people to develop adult skills and plans for a supported trip abroad. A member of staff told us, "We attend monthly staff meetings. We bring up issues, anything to do with the running of the house."

The acting manager told us what events were notifiable to CQC as part of the provider's registration requirements, for example when there is a change of manager or untoward accident or incident. We found that there had been no accidents or incidents to report in the last 12 months.

Staff spoke positively about their job satisfaction and the support they received from the acting manager. One support worker said, "I love it. [Acting manager's name] is very approachable, lovely; I can go with anything at all." Another told us, "I enjoy it; I feel one of the team. Have the best bosses, they help when needed and are very approachable."

Staff told us that they were proud to work in the service as it was all about the people who lived there. One said, "They are always so happy, its' a lovely environment for them. They are one of the team and their views are important. There is a good framework across the organisation. They are there for the service user."

Relatives spoke highly of the service and told us that the acting manager and staff were always accessible. One relative said, "Staff on hand to talk with us when we visit. They make a cup of tea and interact with us. I have never seen any stresses; it is quite calm when you walk in. No anxiety, it's really a home."

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw policies on safeguarding, meeting a person's spiritual and cultural needs and privacy and dignity.

There was a programme of regular audits that covered key areas such as health and safety, medicines and infection control. In addition, the provider had a quality assurance process that involved all registered managers undertaking audit and monitoring of another registered manager's service. Following their audit an action plan with realistic timescales was developed and a follow up visit was undertaken to monitor progress. In addition, registered managers undertook a self-assessment using CQC key lines of enquiry and rating system, to monitor their progress against their regulation requirements.

Information was on display to support staff on how to whistle blow. We found that staff were supported to learn lessons from mistakes made in similar services in other parts of the country to prevent poor practice in their service. The acting manager told us that this was achieved through reflective practice sessions. In addition staff received regular feedback on their performance and identified their strengths and weaknesses through supervision sessions and appraisals.