Linkage Community Trust Limited (The)

Scremby Grange

Inspection report

Scremby
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 15 August 2016 and was unannounced.

Scremby Grange is registered to provide accommodation and personal care for up to19 people who have a learning disability or autism. The home supports people with complex needs and who need extra space and care to be able to fulfil their potential. There was a main house and eight individual bungalows. There were 17 people living at the home on the day of our inspection.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission 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 home is run.

The Care Quality Commission is required by law to monitor how a provider applies 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. This is usually to protect themselves. People's abilities to make decisions were assessed and where necessary DoLS authorisations were in place.

The registered manager monitored the staffing levels to ensure there were enough staff to meet people's needs. They were responsive to people's needs and increased staffing levels when they identified people needed further support. Appropriate checks were completed before staff were employed at the home. Staff were supported to provide safe effective care for people with a thorough induction and on-going training. Regular supervisions supported staff to raise concerns and to receive individual support to improve their care skills. Annual appraisals were in place to support staff to develop their careers.

Staff were knowledgeable about the different types of abuse people might face and were clear on the steps they would need to take to keep people safe. Where people might need to be restrained for their own safety this was clearly recorded in their care plan and all incidents of restraint were reviewed. People's medicines were safely managed and available to them when needed.

Staff were kind and caring and had taken the time to get to know people. Where people had special communication needs staff had developed the skills needed to communicate so people could voice their opinions and interact with staff. People were encouraged and enabled to maintain their relationships with friends and family.

People's care was planned with them and their family's involvement and was personalised to meet their individual needs. Risks people faced were identified and action was taken to reduce the risk and keep people safe. Staff had an in depth knowledge of people's needs and used this to provide person centred care which help people to be happy. People were supported to be busy and to take place in a wide variety of

activities in the home, in the local community and when on holiday. Some people had worked with the provider's employment services and spent some of their time working.

People were encouraged to be involved with running the home and attended meetings to discuss activities they would like to attend and to discuss the meals they would like to see on the menu. The provider gathered the views of people living at the home and their family's views and used this to identity areas where they could improve the experience for people.

The home was well led and people living at the home, relatives and staff were able to approach the manager with any concerns and were confident that any complaints would be dealt with. The provider had ensured that there were effective systems in place to monitor the quality of care people received and their environment.

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 had received training in protecting people from abuse and the registered manager had engaged with the local authority to investigate any concerns raised.

Risks to people were identified and care was planned to keep people safe.

There were enough staff to meet people's needs and systems in place meant that cover was available if staff were unable to work due to sickness.

People's medicines were managed safely and available to them when needed.

Is the service effective?

Good

The service was effective.

Staff had the skills needed to care for people and were helped to develop their skills through appropriate training, supervisions and appraisals.

People's rights were protected under the Mental Capacity Act. People were encouraged to make decisions for themselves, but if they were unable to decisions were made in their best interest.

People living at the home planned the menus and were supported to be independent when eating. Appropriate action was taken when people struggled to maintain a healthy weight.

People were able to access advice and support for healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, caring staff who were able to use tools and sign languages to communicate

People were encouraged to be independent.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were happy living at the home and supported to raise concerns if the care did not meet their needs.

Staff had an in-depth knowledge of people's needs and how people preferred their care to be delivered.

People were supported to access the community and were able to participate in a wide range of activities.

Is the service well-led?

Good

The service was well led.

The provider had a vision to help people living at the home grow and develop. They had ensured staff were aware of the vision and how this improved the quality of people's lives. We saw the vision was reflected in the care people received.

The registered manager had gathered the views of people living at the home, their relatives and visiting healthcare professionals and used the information to improve the care people received.

There were effective systems in place to monitor the quality of the care and the environment and action was taken to resolve any issues.

Scremby Grange

Detailed findings

Background to this inspection

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

This inspection took place on 15 August 2016 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the home and telephoned two family members. We also spent some time observing care. We spoke with the deputy manager, a senior care worker, a five care workers, the area manager and a manager from another home who was on site to support staff.

We looked at three care plans and other records which recorded the care people received. In addition, we examined records relating to how the home was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Relatives told us that staff were good at managing personality clashes within the home and keeping people safe. One relative told us, "There have been problems and they are managed well, there have been no incidents lately and safeguards are put in place."

Care plans contained clear information on how to keep people safe. Where there was a possibility that a person might need to be restrained to keep them safe from harm, this was recorded in their care plan in detail. The care plan also contained guidance for staff on how to de-escalate situations and distract people's attention. Care plans recorded how staff should help people to remain calm and the action to be taken to diffuse a distressing situation. For example, to talk calmly to the person but to give them some space so they did not feel crowded. This aimed to ensure that people only experienced restraint when all other options had failed. Where any restraint did occur it was fully documented by the staff and reviewed by the manager and reported higher in the organisation. Any restraint was fully investigated to see if anything further could have been done to remove the need for restraint and people's care plans were reviewed. Staff had been supported to restrain people safely and had received training in how to help people stay safe without hurting them.

Staff were able to tell us about the different types of abuse they needed to be aware of to ensure that people were protected. They were confident to raise issues with the registered manager and knew how to raise concerns with external organisation. If necessary they were able to raise concerns anonymously through the provider's whistle blowing procedures. When safeguarding alerts had been made the provider had co-operated fully with the local authority to investigate the concern and to identify if any action could be taken it keep people safer in the future.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, one person had a risk assessment around handling hot drinks as there was a risk that they might spill it. Their care plan recorded that they should be given their drinks lukewarm and with the cup three quarters full. This protected them from dropping hot liquid and scalding themselves.

There were clear risk assessments in place to help staff support people appropriately when they became distressed. Any known triggers which distressed people were identified and recorded in their care plans. An example of this was where a person had sensitive skin and perfumed products such as shower gel would irritate then. This made them uncomfortable and less able to cope with life and may lead to them becoming increasingly distressed. Clearly identifying the triggers meant that people's distress was reduced and that they were able to participate in more active lives. In addition, as people were more settled and happy, they needed less support and so the registered manager was able to review the restrictions on their lives to see if any could be removed. Where people did become distressed there were strategies in place on how each person could be supported. For example, one person liked to have a cup of tea and a colouring book in a quiet area to help them calm down.

People's abilities out in the community were recorded and the actions staff needed to take to ensure that

people enjoyed themselves when they were out were listed. For example, one person did not like to be in a crowd and so would access the community at times when it was not so busy.

Accidents and incidents were recorded and fully investigated. Staff were able to tell us about how learning from incidents was shared to keep people safe and to stop further similar incidents occurring in the future.

We found the registered manager had completed a staffing tool to help them identify the numbers of staff needed to provide safe care for people. Records showed that the home was staffed in accordance with the tool. In addition, when people's needs changed the registered manager took action to review their needs against staffing levels so that they could identify if further individual support was needed to help the person be fulfilled and happy.

Most people living at the home had been identified as needing some individual support from care staff. We saw that these care hours were separately identified on the staff rota so that it was clear there were enough staff available to meet those needs. In addition, the provider was aware that people could become too reliant on individual members of staff which could impact negatively on them if that member of staff left. They therefore ensured that people were supported by a number of different staff so that they had some continuity when staff left.

There were also staff available to provide more support for people if needed, for example, the registered manager and team leader. In addition, outside of office hours the provider had a system in place to provide extra support if needed to cover sickness. On the day of our visit the evening senior had rung in sick but before we left we saw that the system had worked and there was another member of staff available with the same level of competencies and authority to cover the shift.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home. New staff completed a 12 week probationary period. During this period new staff were not allowed to support people while on their own and were not allowed to support people while they are in the community. People were therefore protected from poor care while staff developed the skills and knowledge needed to care for people safely. Staff were only given a permanent contract if they successfully completed their induction.

The care people received to support them to take their medicines was personalised to people's individual needs. While most people were supported to have their medicines stored in their bedroom, some people found that this did not work for them. For example, one person was getting agitated with staff when they were getting their medicine out for them to take. Their care had been reviewed and staff had tried getting the medicine ready before going into the person's room and found that this had helped the person to be less worried about their medicines.

Where people required medicine which was prescribed to be taken as required there was a clear protocol in place which detailed why and when the medicine should be taken. As required medicines are those that are only taken when there is a need for them, for example, taking pain killers for a headache. There was also a clear decision making process which showed which staff were able to make the decisions. This enabled the senior staff to monitor the use of as required medicines and to ensure that the care plan had been followed and that the medicine was the most appropriate action to take. Some of the medicines prescribed in this way were used to help people remain calm when they were distressed. Therefore people could be confident

that they were not being medicated when different care might have helped them to settle. This meant people were able to put incidents behind them and move on with their day without the effects of the medicine impacting on their enjoyment.

There were clear procedures in place around people's needs to take medicines with them when they accessed the community. Staff followed these procedures which meant that people's medicines were available when they needed them. This meant people's ability to access and enjoy the local community was expanded as they did not need to return to the home at a certain time to take their medicines.

Good

Is the service effective?

Our findings

Relatives told us that staff had the skills needed to provide effective care for people. One relative said, "Staff are well trained and knowledgeable, some act as mentors [to people living at the home], my relative has an excellent key worker."

All new staff completed an induction to the home. This included time spent reviewing the company's policies and procedures and also completing the care certificate. The care certificate is a national set of standards which highlight the skills staff should have to care for people safely. As part of the care certificate staff were observed while caring for people to ensure that they became competent in the skills they needed. One member of staff told us during their induction they had time to read care plans and was made aware of the fire procedures.

New staff also spent times shadowing more experienced staff. One member of staff explained how this had increased their knowledge of the people they were caring for. It had allowed them to see how the care recorded in people's care plan needed to be delivered and how distressed people could become when care was not meeting their needs. In addition to the induction there was ongoing training provided to staff to ensure their skills remained up to date with the latest guidance and to refresh their memory about important aspects of care.

Staff told us and records showed that they were supported through regular supervision meetings with the registered manager. Supervisions were normally held on a two monthly basis. However, they could be brought forward if the registered manager had any concerns over a member of staff's performance and were more frequent for new staff on probation. Records showed that staff had also received an annual appraisal to discuss training needs, performance and career development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make their own choices wherever possible. However, if the decision was complex and there was some doubt that the person did not fully understand what decision they were being asked to make an assessment of their understanding was completed. If the assessment showed people needed help to make decisions they were supported by people who knew their needs the best, for example, family members, staff and social workers.

People can only be deprived of their liberty 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).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people had been authorised to be deprived of their liberty under a DoLS. This was to keep them safe. The registered manager and staff worked with people and their families so that they understood why the DoLS was in place and how it kept them safe.

Relatives told us that people were happy with the meals they were offered. One relative told us, "[Name] never complains about food, they can tell me what's for tea and they look forward to it. They have things like fish and chips and roast dinners." People told us they were happy with the food prepared for them and that they were involved in planning the menu. People living in the main house had a meeting each week where they discussed what they wanted on the menu. However, if at the time of the meal people changed their mind as to what they wanted to eat they were supported to have whatever else they wanted. People living on their own in the bungalows set their own individual menu with the care staff.

People's individual needs around food were clearly recorded in their care plan. For example, one person needed to be on a high fibre diet. Their care plan recorded the types of food they should be encouraged to eat. Staff had identified when people were at risk of being unable to maintain a healthy weight and appropriate support from healthcare professionals had been sought. Staff were able to tell us about the equipment people needed to eat safely and maintain their independence.

People were appropriately referred to healthcare professionals for support for their physical and mental health. They were also supported to attend for screening to ensure that they took advantage of all the public health programmes available to them. For example, one person had chosen to attend their well person screening at the local GP practice. A relative told us, "They visit the dentist and doctors and have a yearly check, flu injections."

Individual care plans included all the information needed to support people's day-to-day health needs. In addition, people had a health passport to help them and staff who cared for them understand their health needs. When people's behaviours changed and they were increasingly distressed, they were referred to their psychiatrist and to other people who could help the home develop care to meet the person's needs.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring. One relative said, "Staff are kind; treat people with dignity and respect and privacy."

Staff had a good understanding of people's emotional needs. For example, one member of staff was able to tell us about a person who was homesick and how they helped the person by going with them to spend time at another of the provider's homes to give them a change of scene and to focus their attention away from going home. Throughout our visit we saw that staff were kind and friendly with people. We saw that they understood when things were important for people and kept them informed about issues which involved them. An example of this was a person who was upset as they had lost their bus pass. The support worker listened to the story and then explained what they were going to do to support the person to do to get them a new bus pass. The person was pleased that the issue was going to be resolved.

People were supported to have aims in their lives which would lead them to be more independent. An example of this was when staff helped one person apply for a mobility car which allowed them to access the community easier. The car meant that the person was able to start working and this helped them improve their self-confidence. We also saw that staff supported people's independence in smaller but equally important ways. An example of this was a person who was being supported to make a cup of tea for themselves.

Important events for people's friends and family were noted so that the staff could help and encourage people to be involved in their family's lives. In addition, people were supported to attend important family events such as weddings, christenings and birthdays.

People were involved in developing their care and could tell us about the information recorded in their care plans. Where people had special communication needs, for example, using a sign language this was recorded in their care plan. We saw that staff were able to communicate competently with them.

Another person struggled to speak clearly and had been supported by the local speech and language team with exercises and tools to help them improve their speech so that they were able to communicate their needs to staff better. Their care plan recorded that staff were to offer them choices so that they had to verbally respond which increased their language skills.

The provider had made it clear that staff were visitors and employed to work in people's homes and that it was only polite for staff to ring the doorbell or knock and wait for a person living at the home to invite them in. Where people lived in their own bungalow there was an agreed system that if a person did not answer the door after three knocks then staff were allowed to enter to ensure the person was safe and well. Care plans recorded when people would allow staff to enter their bedrooms. For example, one person's plan recorded that staff were not to enter a person's bedroom when they were not there. This showed that people's personal boundaries and homes were respected.

The main house was clean and tidy and people had been supported to personalise their bedrooms to reflect their personalities. People who lived in the bungalows had also been supported to personalise them and the bungalows were light airy spaces for people to spend time and had space for them to display their belongings in a way which pleased them.

There was an equality and diversity board in the home for people to look at. This gave people information about how their own diversity should be respected and how they can ensure they are inclusive with other people living at the home.

Good

Is the service responsive?

Our findings

Relatives told us that they had been included in planning the care. One relative told us, "Yes I definitely feel involved, there is a meeting six monthly with the social worker, psychiatrist, and staff and my relative."

People had been allocated a key worker. This was a member of staff who worked with the person to understand their needs. The key worker reviewed people's care plans to ensure that they accurately reflected people's need. There was a system of care reviews which included an annual review with professionals responsible for ensuring the person was happy. This helped the person to develop a care plan which fully supported them.

The registered manager and staff had a good understanding of people's needs and were fully supported by the provider to meet those needs. An example of this was how they looked at people's needs around social interaction. One person had not benefitted from social interaction as it had distressed them. The provider had ensured that the person had access to their own personal lounge space and so they did not need to spend time in the communal lounges unless they chose to do so.

However, another person who benefitted and enjoyed social interactions when they took part was being encouraged to spend less time in their bedroom. A plan to support this had been developed with relatives and social workers and worked around the person's daily routine. This had supported the person to find a balance between enjoying other people's company and spending time on their own. A member of staff told us how they had spent time encouraging the person to attend a home event and how the person had really enjoyed themselves.

People's personal care needs were also identified and supported. For example, one person needed extra support and reminders to manage their continence. Another example was how staff had worked with a person to help them settle into a more helpful sleeping pattern, by altering their evening routine. This was clearly recorded in their care plan along with instructions to staff that it was important for the person to adhere to this routine.

The provider had their own behavioural consultant to support people gain the most from their time at the home and to improve their skills and experiences. For example, it was suggested that one person would be able to read the activity chart better if it was in pictorial format.

The large grounds available to people supported them to express their frustrations in a safe way. An example of this was when people wanted to run off some frustration and have some space from staff. They could run around the grounds and staff could discretely monitor them from a safe distance.

The provider had developed the care to support people to live a happy and fulfilled life. Care plans recorded what people liked to do in their spare time and saw that people were supported to undertake their chosen activity both in the home and in the community. Activities were discussed at monthly leisure meetings where people could make suggestions about what they wanted in the way of leisure activities. We saw a

timetable of activities was on display for everyone to see.

Staff understood people's needs around activities and how they could be best supported. An example of this was how they supported a person with their jigsaw puzzles. They understood that the person needed to be able to complete the puzzle in one go or else they would find it frustrating to leave it unfinished and be unable to concentrate on anything else. They knew how long it would take them to complete the different size puzzles and supported them to choose an appropriate one dependant on the time of day and other things the person had planned. This let the person enjoy one of their favourite pastimes in a calm way to get the most enjoyment out of what they were doing.

People had access to information on how to make a complaint in a format which was accessible to them. Relatives also told us they knew how to make a complaint one relative told us, "I'd go to the manager or to social services if there was no response or the top bloke. There have been no complaints recently, they do respond to complaints, I'm confident that they do." No complaints had been received since January 2015. That one had been resolved in line with the provider's policy and to the satisfaction of the person making the complaint. Staff told us that they took complaints seriously. They said that if anyone raised an issue with them they would record it in the complaints book and bring it to the attention of the registered manager.

Good

Is the service well-led?

Our findings

Linkage is a registered charity which provides care, specialist further education and employment services to enable people with learning disabilities to realise their full potential. It is overseen by a board of trustees some of whom have relatives living at the provider's homes. The area manager told us that the Director of Care and the Trustees were involved with the homes and would at times visit to see first-hand the care people received.

Linkage has a vision to help people who live at their care homes to have opportunities and choice and to achieve their aspirations. Their website shows that they support their vision by providing person centred services that enable individuals to develop skills and behaviours to live independent lives. We saw that this person centred care was in place at Scremby Grange to support the people who lived there. For example, the provider had an employment services business which provided work opportunities for people. Several of the people living at the home had taken advantage of this opportunity.

Relatives told us the home was well managed. One relative told us, ""It is very well led, you can approach [the registered manager], problems are passed on, I'm confident they would deal with problems, There have been none recently." Staff told us that they felt confident to raise concerns with the registered manager and the area manager and had done so in the past. We found that when concerns had been raised the provider had taken prompt appropriate action to keep people safe.

Staff told us that the registered manager was supportive. One member of staff said, "If I have any concerns I will just go in the office and discuss them, [the registered manager] is open to ideas. There were staff meetings every two months and the minutes were displayed in the office for all staff to access. In addition, the registered manager sends out email to all the staff to update them on important issues. Staff appraisals were used to identify concerns in the home and each appraisal was reviewed by staff further up the management ladder to ensure that they were fair and that any concerns had been identified and action taken.

People living at the home, their relatives and visiting health care professionals had been asked for their views on the home. People living at the home had the option of having their survey in picture format so that they could understand the questions. The results were displayed on the notice board for people living at the home, relatives and visitors to see. The registered manger told us they were working on an action plan. People living at the home could also attend a monthly meeting to raise concerns, talk about the home and anything else they wanted to discuss. The minutes of the meeting were on display for people to read. They were presented in an easy read format to make them accessible for people living at the home.

We saw that the records in place enabled the provider to take effective action with staff where incidents had left people at risk. The provider had used their disciplinary process to ensure staff adhered to their training requirements and to take more robust action if staff did not meet the required standards to work at the home. The provider had also had systems in place to let the registered manager know if people had failed to attend their training. This allowed the registered manager to complete a supervision on the member of staff.

Each home was required to complete a yearly self-assessment to look at what they had done well and what could have gone better. This looked at what lessons had been learnt from incidents and if people's relatives and social workers were happy with the care people received. This information was then joined for all the homes so that the registered manager could see how they were performing against the provider's other homes and see where improvements were needed.

The provider also had effective systems to monitor the quality of care people received. Part of the system required a registered manager from another home to visit and complete an audit around the care plan, care and the environment. We saw that any action they identified as needed were completed. In addition, the provider's registered managers met monthly to discuss any changes in care needed to keep up with legislation and to share areas of good practice which they had implemented in their homes. The registered manager also liaised with external experts to ensure they were complying with good practice. For example, the registered manager attended the local authority infection control meetings.