

Linkage Community Trust

Ferriby Lane

Inspection report

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Date of inspection visit:
09 May 2018
14 May 2018

Date of publication:
06 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 09 and 14 May 2018 and was unannounced on the first day and announced on the second day.

Ferriby Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ferriby Lane accommodates people in a semi-detached house with four bedrooms. In addition, there is another self-contained flat next to the property with one bedroom. At the time of the inspection, the service was providing support to five adults with a learning disability and/ or autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. 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 service is run.

This was a comprehensive inspection that looked at whether the service was safe, effective, caring, responsive and well-led.

At our last inspection, we rated the service as Good. At this inspection we found the service Requires Improvement.

People were supported in a clean and accessible environment that was suitable for people's needs, although there were some repairs that were required to maintain the property. We discussed these with the registered manager who was putting a plan in place to address these. The service identified and responded to risks in the environment, however not all risks had been identified. We found that only one fire extinguisher had a protective case put on following an incident. This was addressed by the registered manager following the inspection, so all fire extinguishers had a protective case.

The service's electrical safety certificate had urgent recommendations which could have been potentially dangerous, these had not been addressed. Following the inspection the registered manager informed the electricians were planned to be retested and work carried out week commencing 9 July 2018. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this full version report.

People were supported to receive their medicines as prescribed. Staff were recruited safely and supported in their roles. People were supported by well trained and knowledgeable staff. They knew the people living at the service well and were skilled in delivering effective care and support. Staff were knowledgeable about safeguarding and how to respond to any concerns to keep people safe. Staff worked closely with professionals to ensure they met people's health and well-being needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make their own decisions where possible and consent was gained before care or support was provided. For those that lacked capacity to make particular decisions, staff followed the principles of the Mental Capacity Act 2005 and acted in people's best interest.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the responsibility to apply for DoLS for people living at the service and they had made relevant applications.

Staff were caring and understood the importance of confidentiality and respected people's privacy. People were supported to be independent and were treated with dignity and respect. Staff supported people to challenge discrimination and promoted equality and diversity.

Staff were responsive to people's needs. Care plans were detailed and person-centred so information was available to staff. People were supported to maintain relationships with their family and develop new and existing relationships. They were supported to pursue their hobbies and interests and to access social and leisure activities within the community. Support was also available to people to gain skills through volunteering and employment.

A complaints policy was in place and people told us they knew how to make a complaint if needed. There was an open culture and communication was good between staff and management, as well as people using the service. Ongoing feedback was gained from people using the service informally, daily. The registered manager was approachable and staff felt supported in their role.

Systems were in place to assess and monitor the quality of the service and help drive improvements. Audits were completed by the registered manager, which helped to identify any errors and supported learning and development within the service. However, systems were not always effective in identifying and addressing shortfalls in the maintenance of the building to address any safety issues, in timely manner.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe. People who used the service and others were not protected against the risks associated with unsafe premises. There was some maintenance required to better maintain the service.

Risks were clearly recorded for people's needs; however environmental risks were not always identified.

People received their medications safely.

People were safeguarded from the risk of abuse and staff were confident to report concerns. Recruitment procedures were followed when recruiting staff and there was enough staff available to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective. People were supported by staff that were knowledgeable about people's needs. Staff were skilled and had received training to provide effective care and support.

People's dietary needs and preferences were identified and met. People's health was monitored and they were supported to access healthcare as required.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Consent was obtained before providing care and support and the principles of the Mental Capacity Act 2005 were followed. Authorisations for Deprivation of Liberty Safeguards (DoLS) had been requested.□

Good ●

Is the service caring?

The service was caring. People were treated by kind and caring staff that treated people with dignity and respect.

Staff supported and promoted people to be independent and gain new skills and follow their interests.

Staff promoted equality and diversity and supported people to

Good ●

challenge discrimination.

Is the service responsive?

Good ●

The service was responsive. Care records were person centred and reflected detailed information about people's needs, interests, likes and dislikes. People were supported to be involved in regular reviews of their care.

People were supported to maintain and develop new relationships and networks of support. Support was provided to people to pursue their hobbies and interests and access voluntary or paid work, if chosen.

There was a complaints procedure in place and people told us they could express any concerns they had.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well-led. Although there were processes for auditing and monitoring the quality and safety of services people received, they had not always been effective in identifying shortfalls in the safety of the premises.

Apart from the shortfalls identified, the registered manager had systems in place to help drive improvement and learning within the service.

The registered manager was approachable and there was a positive culture within the service. Communication was good between people living at the service, staff and the registered manager. Effective partnerships had been established outside the service and staff felt supported.

Ferriby Lane

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 was a comprehensive inspection. This inspection took place on 09 and 14 May and was carried out by two inspectors. This inspection was unannounced on the first day and announced on the second day.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service, including statutory notifications, which the provider had submitted to the Commission in line with the legal requirements. Statutory notifications contain information about important events which take place at the service. For example, safeguarding notifications, can give us information about how accidents and incidents have been managed. We also contacted the local authority's contracts monitoring and safeguarding teams and Healthwatch. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we observed staff interacting with people living at the service and the level of support provided to people throughout the day. We spoke with two people who used the service and four members of staff including the registered manager and deputy manager.

We looked at two people's care plans along with the associated risk assessments and Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interests.

We looked at a selection of documentation in relation to the management and running of the service. This

included stakeholder surveys, quality assurance audits, complaints, recruitment information for two members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection prevention and control practices within the service.

Is the service safe?

Our findings

People told us that they felt safe. Risks were identified and clearly recorded in people's care plans to reduce risk where possible while also supporting people's independence. Staff understood people had the right to make unwise decisions and supported them with positive risk taking. People were supported in a clean and accessible environment that was suitable for people's needs, although there were some repairs required to better maintain the property. Some planned maintenance work was being carried out on the second day of our inspection, including repairing a small hole on the landing wall and painting the hall and kitchen.

The service had relevant health and safety certificates in place for the building including legionella testing, portable appliance testing (PAT) testing and emergency lighting testing. However, the electrical safety certificate had urgent recommendations in place, which could be potentially dangerous. We noted this to the registered manager, who could not provide evidence of this work being completed. Following the inspection, they confirmed a new test and any necessary work would be completed week commencing 9 July 2018.

This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded by staff and responded to appropriately to ensure outcomes could be achieved and lessons learned. However, some risks in the environment had not been considered. Following an incident, the registered manager had put a protective case over one fire extinguisher. This had been damaged since and required repairing. We asked that the registered manager ensure protective cases were put on all fire extinguishers. Following the inspection, the registered manager confirmed these had all been ordered and put in place.

There was a downstairs bedroom with a wet room which was purposely designed and installed to meet a person's specific needs, however there was a smell of damp. The wet room continued to meet the person's needs but work was required to rectify this issue. The registered manager informed us plans would be put in place to carry out this work which included putting more suitable flooring in the bedroom and fixing the door frame. This would need to be planned around the person to limit disruption. Similarly, work was also needed in the individual flat, to repair an unused kitchen, to make this more suitable for the needs of the person who lived there. On the first day of the inspection, we found that a sink in one of the bedrooms was not working. However, by the second day of our inspection this had been fixed.

People were protected from harm by knowledgeable staff who had received safeguarding training. Staff were aware of the signs of potential abuse to look out for and how to report safeguarding concerns. One staff member said, "I have never been afraid to seek support. We report to [registered managers name] and they report to safeguarding." Another staff member told us, "I would always contact the registered manager or on call manager and refer safeguarding issues." Staff were also aware of how people could potentially be discriminated against and challenged this appropriately, as well as supporting people to do this for themselves.

People received their medicines safely. Medicines were stored correctly and securely. Staff were trained and their competency tested to ensure they could administer medicines correctly. Information about people's medicines was recorded in their care plans. Where people were prescribed medicine as and when required (PRN), there were protocols in place to support staff to administer these safely. A medication policy was also in place to provide guidance to staff.

There were sufficient numbers of staff available to meet the needs of people living at the service. During our inspection, we saw that there was enough staff around to support people living at the service. People had also spent time one to one with staff and spent time away from the service with them, accessing the community and activities.

We saw staff were recruited safely, with written references and enhanced disclosure and barring service (DBS) checks in place before people started work. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry. Staff were recruited in line with the provider's organisation policies and procedures and staff received an induction when starting in their role.

Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. We found soap, paper towels and hand washing signs in place at all sinks to support best practice in infection control.

Is the service effective?

Our findings

People's needs were assessed when they first came to live at the service and reviewed on a yearly basis or sooner if needed. People were supported to identify and achieve outcomes, from supporting people with their communication needs and managing behaviours positively and safely, to supporting people to become more independent with meal preparation and accessing the community.

People were supported by staff who were skilled and knowledgeable. Staff received regular training to deliver effective care and support. Staff had received training in numerous relevant courses such as MCA and DoLS, safeguarding and equality and diversity. Staff training needs changed in line with the needs of the people they were supporting. The registered manager arranged additional training for staff where relevant. This helped staff to adapt their knowledge and skills, enabling them to meet individual's needs effectively.

Staff worked closely in a team and accessed informal and formal support from the deputy manager and registered manager. We saw that staff were supported with regular supervision and yearly appraisals. Staff told us they felt supported in their role.

People's nutritional needs were met. Staff prepared meals, drinks and snacks for people to support them to maintain healthy, balanced diets and offered people choices. People had developed weekly menu plans with staff, but people were still offered choices daily. Support was also available for people who wanted to become more independent; staff encouraged and supported people with shopping and meal preparation.

People were encouraged to maintain healthy lifestyles in line with their choices. Staff had supported one person to lose weight by supporting them with exercise and to choose healthier options. Staff supported people to access healthcare and attend health appointments. People were encouraged to choose their own GP and dentist.

Staff sought consent from people before providing care and support; people were supported to make their own decisions and choices. One member of staff said, "[Staff] take into consideration the right to make unwise decisions but enable [people] to be risk free." Staff were aware of the Mental Capacity Act 2005 (MCA) and followed these principles when supporting those who lacked capacity to make decisions. The 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service was following the principles of the MCA and found that the registered manager was aware of their responsibility to apply for DoLS for people and did so

appropriately.

People were supported to gain information that was accessible to them. Staff were aware of the accessible information standard and provided easy read versions of information for people. This is a requirement to ensure anyone with a communication need is assessed so they receive all the information they need.

Is the service caring?

Our findings

People told us they were supported by kind and attentive staff. One person told us, "Most staff are really great...[I] get on well with them." Another said, "Staff are nice." Throughout the inspection we observed positive interactions between staff and people living at the service. There was a homely atmosphere and staff had developed trusting relationships with people.

All the staff we spoke with had an in-depth understanding of the people they cared for, their personalities, interests and their preferred routines. Care plans seen were detailed and supported what staff had told us about people's preferences. Staff interacted positively with people and were friendly and approachable. One person told us, "I can go to [staff members name] at any time." We saw staff were kind and respectful.

During the inspection, we saw people going out with staff on a one to one basis. One staff member told us, "[Person's name] likes Flamingo Land, The Deep and shopping." We also observed staff engaging people in activities within the home including gardening. One person told us about plans for staff to support them to transform the summer house in the garden into a sensory room. Staff were aware of people's interest and hobbies and were able to support them to engage in meaningful activities. Staff were patient in their approach and encouraged people's independence.

Staff treated people with dignity and respected people's privacy. We saw staff knocked on people's doors and obtained their permission before entering their rooms. People had their own bedroom, which were personalised and could be decorated to people's choosing. One person told us, "I have light blue walls but we are going to paint them dark blue and change the red curtains."

From speaking with staff, we could see people were receiving care and support which reflected their diverse needs. Staff were aware of equality and diversity and supported people to challenge potential discrimination. A member of staff said, "We encourage people to speak up for themselves and to manage situations." Information about people's diverse needs was appropriately documented in their care plans. Records confirmed staff had completed training in equality and diversity.

Staff were aware of the importance of supporting people's independence and supported people to develop and build on existing skills. They positively encouraged people to be as independent as possible with things they could do, whether this be making a drink or accessing the community. For people who wished, support was provided by staff to plan for their future and gain skills they would need. For example, developing skills within the household such as cooking or encouraging and developing networks in the community, through volunteering and employment.

Staff understood people's communication needs and communicated well with people living at the service. Staff used different approaches to best support people to make choices and people had the opportunity to access advocacy services. Staff were aware of the importance of maintaining confidentiality. People's care records were stored in a locked office, so only relevant staff had access to these.

Is the service responsive?

Our findings

People's care plans were detailed and person-centred so staff knew how to respond to people's needs and provide support in line with their preferences. Care plans included details about people's likes and dislikes and interests, as well as information about their communication, health and behavioural needs.

People were supported to be involved as much as they wished to be in reviews undertaken about their care needs, including choosing who to invite and what to discuss. People had access to their care plans if they wanted to be involved in developing these. The registered manager told us, "We ask the client who they want present. It's up to [person's name] who they invite to their review, if they want to invite their girlfriend they can." The registered manager also discussed another person who lacked the understanding to be part of their review but explained how staff would seek out their views on a one to one basis to ensure their involvement.

People were supported to maintain relationships with their family and develop new and existing relationships safely. Staff were able to support people to maintain relationships well because staff had understanding of who was important to the person, their life history, their cultural background and their sexual orientation. Staff used different methods to aid communication for people, dependent on their communication needs. For example, staff produced photograph books and personalised newsletters which they sent to family, which helped to aid conversations and keep family updated. Staff had also supported people to be safer using the internet and considered how technology could aid communication.

People were supported to pursue their hobbies and interests and to access social and leisure activities within the community. During our inspection, we saw people going out individually with staff to different activities. One person independently went out on their own to access social and leisure activities, which staff supported. A staff member said, "We have key worker talks, one to one and ask [people] about changes. Individuals sit down with staff monthly to plan activities and menus but this is flexible." We saw people had planned menus and activity plans but were asked about their choices daily.

People were supported to access voluntary and paid work opportunities, where they chose to. Some people enjoyed volunteering, which staff had supported them to access by developing links in the community. Staff discussed how they took time to listen to what people wanted to do and what skills they wished to develop.

Staff worked in partnership with other organisations and developed links with the local community so people could build networks of support. The registered manager worked closely with the Intensive Support Team (IST), to develop their response and support staff with their approaches to people's behavioural needs.

A complaints policy was in place and people told us that they would be able to speak to staff or the registered manager if they had any issues or concerns. People told us they were happy with how staff dealt with any of their concerns. The number of concerns and/ or complaints received was very low, however systems were in place to respond to complaints appropriately.

Is the service well-led?

Our findings

Systems were in place to assess and monitor the quality of the service and help drive improvements but these did not always identify shortfalls. Audits were completed by the registered manager, which helped to identify any errors and supported learning and development within the service. However, systems in place to check the maintenance of the building and its safety had not always been effective. It had not been identified that that electrical installation certificate was unsatisfactory and had urgent recommendations, which had not been identified and actioned by the provider or registered manager.

People knew who the registered manager was and we saw they were accessible throughout the days we visited. People were relaxed around them and other staff. The registered manager was approachable to both staff and people living at the service.

Communication was good between staff and the registered manager. Effective systems were in place for sharing information including a shift handover book, which recorded any important information, so this would be available to staff on the next shift. The service had regular team meetings where information for staff was shared and changes in people's needs, or any concerns were discussed. The registered manager also attended regular provider level management meetings so information could be shared about the management and running of the service and learning could be shared to support best practice.

The registered manager had established links with other organisations, professionals and the wider community to support people living at the service. Partnerships with the local community had been developed and networks of support where utilised in the community. This included working with other professionals in health and social care and establishing links with local organisations, which people had chosen to volunteer at.

Questionnaires were sent out to relatives and people using the service and this information was used to support the development of the provider's services overall, rather than the individual service. However, feedback was gained from people and their relatives on an informal basis, usually through one to one time with staff, and was supported by good communication.

Staff spoke consistently about the service being a good place to work. The registered manager promoted a positive culture within the service and staff told us they felt supported. There was an employee of the month award which the registered manager told us people at the service would be involved in voting for the chosen staff member.

The registered manager was aware of their duty to inform the Care Quality Commission of notifiable incidents. We reviewed the accident and incident records held for the service and found that they had notified the CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. |