

# Linkage Community Trust

# The Limes

## Inspection report

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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 Limes is a residential home registered to provide care and accommodation for up to nine younger adults with a learning disability and/or autism. It has several communal areas including a lounge, dining room, games room and two kitchens. There are nine bedrooms; seven with en-suite and two within a self-contained flat, accessible by stairs. The home has a secure outside space, is located close to local amenities and overlooks a park.

A condition of the provider's registration with the Care Quality Commission (CQC) was for the service to be managed by a registered manager. At the last inspection, the service was rated 'Good' although there was no registered manager in place. At this inspection, we found there was a registered manager and the service remained 'Good.' The manager had been registered with CQC since April 2016 and had submitted notifications to the safeguarding team and CQC as required.

The service was safe, clean and tidy. Equipment was regularly tested and utility checks had been completed.

People's nutritional and healthcare needs were met. All people in the home agreed the menu for the coming week and with staff support participated in cleaning up after each meal. People could also choose to eat independently. We found people received their medicines as prescribed and they were well-managed. Risk assessments, such as those for people to manage their medicines, guided staff in how to support people whilst maintaining their independence as much as possible. One person who used the service and a member of staff had recently become health and well-being champions. This meant they encouraged people to make healthy lifestyle choices.

Staff were knowledgeable about safeguarding vulnerable people and there were safeguards for people's finances. Paper records were stored safely and computers were password protected. There were policies and procedures to keep people safe in the event of emergencies. These included business contingency and personal emergency evacuation plans (PEEPs.) We saw there were few accidents and incidents, but any that happened were well-managed.

Staff were recruited safely, with written references and enhanced disclosure and barring service (DBS) checks in place before they started work. There were sufficient staff to meet people's individual needs and there was a dependency tool to enable the registered manager to accurately calculate required staffing levels. We found staff skill and knowledge was good. Staff received an induction that was linked to the Care Certificate, and training and appraisals as required. However, they did not always receive supervision in a timely manner, and these were not always documented.

The provider was willing to decorate and adapt the premises to better suit people's needs. People who used the service and staff had participated in fundraising activities to raise funds to decorate the games room. We saw the room had been recently furnished and decorated in a style and colours suited to the people who

lived there.

People told us the staff were caring and kind, and we found people's privacy and dignity were respected. Independence was promoted, people were treated as individuals and given choices. Staff were clear about mental capacity and people being able to make their own decisions, they ensured people consented to their care. When appropriate, advocates were used to ensure people's views and opinions were heard. 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's needs were thoroughly assessed and care records were person centred. People were involved in their care plans and supported to take ownership of these where appropriate. Annual reviews of care plans took place with relatives, and staff responded to people's changing needs. Effective outcomes for people were delivered. People were supported to access work, education and activities in the community. One person had received an award for gaining employment in the community.

Staff supported people to maintain their personal relationships and we found relationships between people who used the service were managed well. Information was provided to people in accessible formats and people were supported to use technology to maintain contact with their friends and family.

There was an open, accessible management culture and people told us communication was good. We found there were few complaints, but when any were voiced, they were managed well. The registered manager worked closely with other agencies and professionals, including the Intensive Support Team (IST) to increase positive outcomes for people.

The provider had a clear vision and values which were implemented by staff in their practice. Quality monitoring systems were sufficient for the size of the service and enabled issues to be identified. The service met all relevant fundamental standards.

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?

Good ●

The service remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service had improved to Good.

# The Limes

## 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 comprehensive inspection took place on 10 January 2018 and was unannounced. Two adult social care inspectors undertook the inspection.

Prior to the inspection, we contacted local authority commissioners and the safeguarding team to gain their views about the service. We looked at notifications that the provider had submitted to the Care Quality Commission (CQC). Notifications are forms, which the provider has to submit to us by law. They tell us how the provider manages incidents and accidents for people in their care. We also looked at the 'Enter and View' report completed by Healthwatch. The 'Enter and View' report identifies areas of good practice and makes recommendations for improvements.

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 service, what the service does well and improvements they plan to make.

During the inspection, we talked with three people who used the service, the provider, the registered manager and three members of staff. After the inspection, we spoke with three relatives and two health care professionals to gain their views of the service provided.

We completed a tour of the building and we observed how staff interacted with people in the communal areas of the service. We looked at two people's care records and three medication administration records (MARs).

We reviewed how the service used the Mental Capacity Act 2005, to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important decisions on their behalf.

We looked at the recruitment, supervision and training records for two members of staff and we saw documentation and records relating to the day-to-day running and management of the service. These included accident and incident records, maintenance certificates, meeting minutes, audits and complaints.

After the inspection, we asked the registered manager to send us further information regarding risk assessments and supervision records. We also requested the contact details for people's relatives. This information was received by the requested time, which helped us to make a judgement about the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I love living here, it's great." Relatives commented, "We feel very confident they're safe" and "I have no worries."

We found staff had been trained in safeguarding and were knowledgeable about how to keep people safe from the risk of abuse and avoidable harm. Policies and procedures were sufficient to guide staff in recognising abuse, dealing with disclosure and reporting concerns or abuse. Staff told us they would report any concerns. They said, "I'd report it to [Name of registered manager] or the on-call manager" and "I'd report it to the manager, or if nothing was done I'd report it to safeguarding myself."

We saw safeguards for people's finances were in place. Checks and auditable processes were used to ensure the management of funds were robust in safeguarding people's monies. Some people managed their own money. One person told us, "I manage my own money and have my own mobile phone."

Risk assessments guided staff in how to support people whilst maintaining their independence as much as possible. They covered areas such as people leaving the service unescorted and specific situations in the community which people may encounter. We saw people undertook courses such as road safety before being able to leave the service independently. This meant relatives and staff could be assured people were aware of what they could do to keep themselves safe.

We found medicines were well-managed and people received them as prescribed. We saw people could self-medicate if appropriate. One healthcare professional told us, "I have been involved with managing medication for clients and have no concerns about any aspects of medicines management."

We saw there were few accidents and incidents, but when any happened, they were recorded and managed appropriately. In cases of accidents or incidents staff used resident information cards to find the information they needed, for example, the dates of people's vaccinations or medical issues.

The service was clean and tidy. We saw people were encouraged to keep their rooms and communal areas to a high standard of cleanliness. One person said, "My room is tidy" and another commented, "I don't like cleaning my room." There was a rota for cleaning the communal areas to ensure an equal distribution of tasks. The registered manager explained that everyone was responsible for the health and safety of the premises and said that this gave people responsibility and a sense of ownership. They also informed us that tasks were agreed with individuals to ensure they were within their capabilities and staff gave people support to complete these where necessary. We saw one person had requested to complete the same tasks each day for one week, and this had been actioned. A relative told us, "We have always found it very nice and clean when we have visited." We saw infection control procedures were in place and staff were competency assessed in good hand hygiene.

We found there were sufficient staff to meet people's individual needs. Relatives told us, "At weekends there doesn't seem to be as many staff, but [Name of person who used the service] goes out every weekend." A

healthcare professional told us, "I do not recall a time where they have not been able to responsibly staff my client."

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. There was a minor issue with recruitment paperwork; we saw one person's file did not have the date they commenced employment with the company. We spoke with the registered manager and they assured us the provider would have this information.

We saw the premises and equipment were safe. Equipment was maintained in accordance with manufacturer's instructions and we saw work recommended by the Fire and Rescue Service had been actioned immediately. There were risk assessments in place such as for the safe use of electrical appliances by people who used the service and the storage of medication. These meant any risks could be properly managed.

Business continuity plans were sufficient to guide staff in keeping people safe in the event of emergencies. They covered situations such as loss of utilities and failure of suppliers. We saw people's personal emergency evacuation plans (PEEPs) and there were procedures for evacuation which gave staff clear guidance in how to respond appropriately. We saw log sheets would be completed following any emergency evacuation. This would enable the provider to analyse the actions and decisions made, so lessons could be learnt.



# Is the service effective?

## Our findings

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 residential homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw four DoLS applications had been submitted and two had been authorised. We saw best interest meetings had taken place where required and relevant people had been invited. Best interest meetings are meetings that are held by all those with an interest in people, to enable important decisions to be made on their behalf when they lack capacity to make important decisions themselves.

We found people's needs were thoroughly assessed and effective outcomes delivered. People consented to their care. Staff were clear about mental capacity and people being able to make their own decision. A member of staff told us, "[Name of person who used the service] was interviewed by social workers to establish their capacity." We saw staff had explained the benefits of a healthcare screening test to a person, but despite this, they had chosen not to attend. Staff told us, "It was their decision, we had to respect it. We did tell them everything and give them all the information, but they didn't want to go."

We found people's healthcare needs were met. People were supported to access community services such as doctors, opticians and dentists as necessary. We saw people received vaccinations as required. One person said, "Staff go to appointments with me." Relatives told us, "They get excellent support with their health needs and go to the doctor and dentist when need be. If they have an appointment, staff go with them. We were concerned about the number of headaches, [Name of person who used the service] was having. We mentioned it to staff at The Limes and within 24 hours they'd had a check-up."

The service had recently recruited one person who used the service and a member of staff to become health and well-being champions. The registered manager told us they would encourage others to take exercise and eat healthily, and would meet with champions from the provider's other services four times a year to share knowledge and best practice. They said this would also personally develop the champions by increasing their confidence and self-esteem. One healthcare professional told us, "I have no concerns about The Limes ensuring people's nutrition and general health needs are met."

We saw how people's nutritional needs were met. People who used the service had a weekly meeting and agreed a menu for the coming week. One person said, "We choose what we want to eat." Staff supported people to ensure a balanced diet and healthy choices were selected. We saw the menu included one or two meal choices and catered for people's individual needs. People were encouraged to eat together in the dining room. However, there were also two kitchens where people could cater for themselves independently if they chose. We saw a member of staff assisting one person to prepare food and we observed there was fruit readily accessible for people to eat as they wanted.

We found staff skill and knowledge was good. Staff had received training in numerous relevant courses such as MCA and DoLS, safeguarding, equality and diversity, challenging behaviour and moving and handling. Where appropriate, staff had received additional training, for example, in risk assessing, positive behaviour

support, epilepsy awareness and medication administration. Staff induction was also good. It was linked to the Care Certificate. The Care Certificate comprises of nationally recognised standards which health and social care workers should meet. Records showed staff had completed a range of training which helped to ensure they had the skills and knowledge to meet people's needs.

We saw staff did not always receive supervision in a timely manner, and these were not always documented. We brought this to the attention of the registered manager who said that supervisions should be documented and they were unaware senior staff had not fully completed these. The registered manager told us they regularly spoke formally and informally with staff one-to-one and in team meetings. After the inspection, we received details of the new supervision audit process they had introduced to ensure all staff supervisions would be actioned. Staff told us they received a good level of support. One member of staff said, "I do feel supported, [Name of registered manager] is always there." There were plans for the registered manager to receive supervision from the Intensive Support Team (IST). The registered manager told us this meant they could develop their own knowledge and skills and pass these on to people who used the service and staff to better the overall service provision.

We found staff received appraisals as required and saw these set personalised targets for staff to meet in the coming year. These were then reviewed the following year, and further goals set. We observed many of the goals set were aiming to enhance the lifestyle of people who used the service, for example to organise trips to events and arrange a float in the local carnival.

We saw there was good teamwork and communication between staff was good. A member of staff told us, "Everyone here is here for the same reason. It's relaxed here, it's a homely atmosphere. It's not just somewhere people come to work."

We found the provider was willing to decorate and adapt the premises to better suit people's needs. We saw people's rooms were personalised and people told us they could decorate their rooms. One person said, "It's blue and white; [Name of football team] colours." We saw one entrance to the service had been adapted for wheelchair use and staff told us the lounge and games rooms had recently been decorated to better suit the needs and lifestyle choices of the people who used the service. We saw there was appropriate furniture and careful use of vibrant colours gave a fresh, modern feel.

# Is the service caring?

## Our findings

People told us the staff were caring and kind. They said, "I like the staff, they are kind and help me out", "The staff are nice" and "It's good here; I like it." Relatives commented, "[Name of person who used the service] loves The Limes", "The staff approach is outstanding" and "The holidays they take them on are over-and-above the call of duty." One healthcare professional told us, "The service definitely has a caring team" and a member of staff said, "I love my job."

We found people's privacy and dignity were respected and independence was promoted. All people who used the service had a key to their own rooms, and some had a key to the service. This meant they could access the community independently at any time. We also saw people were supported to complete 'everyday tasks' such as tidying their rooms and cooking. People told us, "Staff aren't strict about bed times, I can have a lie-in at the weekend" and "Staff are always polite, they knock on my door." Relatives said, "Very good. [Name of person who used the service] does like to be on their own. Maybe too much privacy, we'd like them to interact more" and "Very much so, staff respect their privacy and dignity." Staff said, "I knock on people's doors and wait to be invited in" and "They wash their front and we wash their back. We make sure clothing is appropriate, for example if they're wearing tight pyjamas we ask them to put a dressing gown on." A commissioner told us, "I found the [person who used the service] to be settled and making good progress towards independence."

We saw people were involved in their care and where possible were supported to take ownership of this. For example, one person told us they discussed their individual needs with staff and agreed a care plan to meet these. They said, "Staff always talk to me about the support I need."

We found relationships between the people who used the service were managed well. Relatives told us staff were skilled at resolving tensions and conflicts. They said, "They manage situations well; they speak to both parties and ensure they understand the rules and consequences of their actions" and "The staff are brilliant." Staff told us, "If we see someone is getting frustrated with someone else, we'll ask one of them to go to another room."

We also saw staff supported people to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Two people who used the service had been referred for specialist courses so they could further develop their understanding of relationships. Relatives told us, "Staff have supported us to educate [Name of person who used the service.] It's the small things that make the difference." A healthcare professional said, "A lot of work using a multi-disciplinary team approach has gone into assessing the needs of the individuals, their capacity to consent and to give information to them in a way that is useful to them, in order to safeguard them. Staff have been very supportive to them and sensitive to their needs." Relatives told us staff cared for the wellbeing of the people who used the service. They said, "They [staff] encourage people to enjoy life" and "Staff have done a magnificent job. Many-a-time we think we want [Name of service user] closer [geographically], but they're happy there."

We observed there was good interaction and engagement between staff and people who used the service. Staff had a good understanding of people's needs. People chose their key-worker. This meant they received a member of staff they were compatible with. Relatives told us the relationships between people who used the service and staff were good. They said, "Excellent" and "Staff are excellent; seven days a week, 365 days a year. [Name of person who used the service] knows all the staff." A healthcare professional told us, "[Name of registered manager] has a positive, can do attitude with parents, and we have seen a break-through with managing a particular service user because of it."

We found communication between the service and relatives was good. Relatives said, "They are very good at keeping me informed, I talk to them anytime", "Yes they do [keep us informed,] but the staff are very busy" and "Any worries, they phone us."

We also found staff responded to people's individual communication needs and adhered to the Accessible Information Standard (a requirement to ensure anyone with a communication need is assessed so they receive all the information they need). The registered manager told us staff used pictorial signs and Makaton sign language as required, and they said, "We sometimes use signs when new people move in, so they familiarise with their surroundings more quickly."

We saw staff dedicated time to people who used the service and had organised fundraising activities in order to better the environment. A member of staff told us people who used the service and staff had jointly raised funds to decorate the games room. We saw the room had been recently furnished and decorated.

We saw paper records were stored safely and computers were password protected. This meant only authorised people could access records. A member of staff told us, "Everything is locked away."

Advocates were used when appropriate, and people were given information so they could access advocacy services independently if they wished. Staff told us, "It's about the voice of the residents being heard."

## Is the service responsive?

### Our findings

We saw care records were person centred and people were involved in their care plans. One person said, "I meet with my key-worker once a week." We observed one person had been supported to write their own care plan and to facilitate their own monthly and yearly reviews. Staff had responded to the person's individual needs by implementing a pictorial format to enable this. A member of staff told us, "Person-centred care is about taking diversity into account and treating everyone as individuals according to their needs. I don't treat everyone the same." The care records included a one page profile, a comprehensive assessment and a care plan. The registered manager told us they aimed for their care files to include all relevant information for any member of staff to clearly understand the person's individual needs and to meet these in a consistent way. People's likes and dislikes, goals for the future and communication needs were identified. The records detailed how staff could best support people, explained their life history and provided other relevant information.

We saw annual reviews of care plans took place. People were encouraged to reflect on previous achievements, and to set themselves targets to strive for in the next year. This meant they were consistently aiming to improve their quality of life. Relatives told us, "Little steps, little progresses, [Name of person who used the service] is a different person now to 2004. The Limes have managed to do some things we never thought possible" and "Every single year we have a review. [Name of person who used the service] reads it out including the comments from staff. Occasionally social services attend." Another relative told us records were always current, and they said, "Everything is always up-to-date." One healthcare professional commented, "I do not have any concerns regarding the support offered to the clients that live at The Limes."

People were treated as individuals and given choices. One person who used the service told us, "I chose my furniture." A relative said, "For staff there are lots of different residents with unique needs but they understand them all."

We found staff responded to people's changing needs by encouraging people to be more independent and to achieve small goals, but also protecting them when necessary. For example, we saw one person had achieved a road safety certificate, but had then had an incident in the community. Therefore they were encouraged to achieve this certificate again. Their relative told us, "There were issues with them crossing the road, [Name of registered manager] handled it excellently; the privilege was taken away and reintroduced safely." Relatives told us that staff put safeguards in place to try to prevent discrimination in the community. One relative said, "They [staff] educate people about potential dangers and what to do."

We saw people were enabled to use technology, and care plans detailed methods such as video calling, which some people preferred to use to maintain contact with family and friends.

People were supported to access work, education and activities in the community. We found some people had paid employment positions. People were encouraged to independently attend events such as discos, the cinema and to engage in sporting activities. One person told us, "I like going swimming every weekend and I walk there." Staff told us they also took people out for walks and on picnics. One member of staff said,

"We always make sure people have a good day." We saw people's interests and hobbies were encouraged. For example, one person had their art work displayed in their room.

We found complaints were managed well. One person who used the service said, "I'd talk to any of the staff." Relatives told us, "It's not a problem [to raise complaints] as we've known the manager for a while and we always go through [Name of registered manager] or [Name of deputy manager] when we do have a complaint. They act on things very quickly. The complaints are managed superbly", "I'm perfectly satisfied, no complaints at all" and "No complaints at all." We looked at the results of a survey of people who used the service and relatives, and saw every person stated they knew who to contact if they had any concerns and that staff always responded to their concerns.

We saw information was provided to people in accessible formats. For example, we observed pictorial leaflets and easy read formats of booklets were available.

## Is the service well-led?

### Our findings

At our last inspection, we found there was no registered manager in post. This meant the service could not receive a rating higher than 'Requires Improvement' for the Well-led key question. 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. At this inspection, we saw the manager had been registered since April 2016. We saw the registered manager had submitted notifications as required to the Care Quality Commission (CQC) and the safeguarding team.

People who used the service and relatives told us the service was well-managed. They said, "An unqualified 'yes' [it's well-managed]. The manager and staff do a good job" and "I'm a hundred percent satisfied with the service." One relative told us they felt fortunate to have the service, and they said, "We're very lucky as not many people get a place here." Healthcare professionals said, "I feel the service is well-led" and "[Name of registered manager] is a good manager, as they understand what is needed on an individual basis with service users and will work well with myself and advise me of what techniques they are trying."

We found there was an open, accessible management culture. All the comments we heard regarding the registered manager were positive. A relative said, "All the staff are very good" and a healthcare professional told us, "[Name of registered manager] has always been open and honest." Staff said, "The manager is very supportive, helpful and very approachable, if I need to speak with them, they're always available", "[Name of registered manager] is always there when you need them. They're approachable and on it straight away if anything needs doing and you can always contact them anytime" and "The manager is ace; they're supportive and care about staff and residents."

We found communication between people, their relatives, staff and the provider was good. We saw the provider sent a monthly newsletter to update people and staff on relevant information, and notice boards gave health and safety information such as 'caring for your eyes and ears' and 'maintaining personal space.' Staff meetings were held monthly, and we saw relevant issues were discussed. Staff signed the minutes to show their attendance and understanding. We saw people and relatives had been asked for their views and opinions through questionnaires. These were available in easy-read format which meant people would be more easily able to give their views. Relatives told us, "We are always kept in the picture", "We all work together" and "[Name of deputy manager] is truly excellent, very good for both us and the residents."

We found the provider's vision and values were communicated to staff and implemented in practice. People were given opportunities and choices, and supported to achieve their aspirations. We saw people were encouraged to be independent and were respected. We found all staff worked as a team to put people first. Relatives said, "It's a terrific place; can't speak highly enough" and "It is a wonderful organisation." A member of staff told us, "We care about the residents."

We saw one person who used the service had received an award for 'Outstanding Progress in 2017.' The

person told us they had gained employment and now attended work regularly. The registered manager told us the awards acted as incentives and also as recognition for the hard work people had done.

Quality monitoring systems were sufficient for the size of the service, however we discussed with the registered manager areas for development if the service was to expand. We saw weekly and monthly monitoring was completed regularly and action plans were followed-through.

We saw the registered manager had a dependency tool to enable them to accurately calculate staffing levels. We saw these were kept regularly under review. The registered manager told us the provider had a system whereby 'bank' staff filled vacancies at other services owned by the provider. They said this ensured there were always staff available to cover shifts, sometimes at short notice, and that people received care from trained staff, who they had likely already met previously. One healthcare professional told us, "The Manager is active in ensuring the service is adequately staffed and is working with one of the client's social workers to obtain an increase in funding due to the changing needs of the individual."

The registered manager worked closely with other agencies and professionals, including the Intensive Support Team (IST). We saw, and the registered manager told us, someone from the IST regularly attended team meetings. The registered manager said, "It's good to ask for help and ideas." This meant people who used the service would benefit from the multi-disciplinary approach and the service's specialist knowledge. A healthcare professional told us, "Because of [Name of registered manager] the relationship between the service and local authority has improved greatly."