

Linkage Community Trust

Desboro House

Inspection report

Toynton All Saints
Near Spilsby
Lincolnshire
PE23 5AE
Tel: 01790 753049
Website: www.linkage.org.uk

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We inspected Desboro House on 28 November 2014. The inspection was unannounced. The last inspection took place on 22 October 2013 during which we found there were no breaches in regulations.

Desboro House is situated adjacent to the Linkage Community Trust Toynton Campus site. The home is registered to provide accommodation and personal care for up to eight adults who experience learning disabilities.

There was a registered manager in post at the time of our inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves. At the time of the inspection one person who used the service had their freedom restricted and applications for restrictions had been made for six other people. This meant the provider had acted in accordance with the Mental Capacity Act, 2005, DoLS.

People told us they were very happy and felt safe living in Desboro House. There was an open and inclusive culture within the home. People were involved in planning and reviewing the support they received and in how the home was run.

There were systems in place to assure people their safety needs and rights would be protected even when they were unable to make a decision for themselves.

People were supported and encouraged to maintain and develop their independence and to lead the lifestyles they chose to. They had access to, and were involved in a range of work, educational and leisure activities.

People were treated with respect, dignity and warmth. They were supported by staff who knew them well and who were trained to meet their individual needs and wishes. They were supported to maintain healthy lifestyles, with good access to healthcare services and nutritional arrangements.

People knew how to raise any issues they had and felt comfortable to approach the manager and staff. They were confident that their issues would be addressed.

There were clear systems in place to assess and monitor the quality of the services people received. The provider, the manager and staff used this information to help improve people's experience of living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were trained and understood how to identify, report and manage situations in which people's safety may be at risk.

Any identified risks to people's health, safety and welfare had been assessed and managed in an appropriate way.

There were enough staff on duty to make sure people's needs were met.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to provide the care people needed and wanted. They understood the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant they could take

appropriate actions to ensure people's rights were protected.

People received appropriate health care and a nutritious diet.

Good



Is the service caring?

The service was caring.

People were treated with warmth, dignity and respect. They were encouraged to express their views, choices and wishes and staff listened and responded to their views. Their privacy was maintained.

Good



Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their own support arrangements. They were supported to live the life they wanted and engage in their chosen hobbies and interests.

There was a system in place to manage concerns and complaints in an appropriate way.

Good



Is the service well-led?

The service was well-led.

Systems were in place to regularly assess and monitor the quality of the services provided within the home. Events which occurred within the home were reported in a timely and appropriate manner.

People who used the service, and staff, were encouraged to express their views and opinions and be involved in the development of the services provided.

Good



Desboro House

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 28 November 2014 and was unannounced.

The team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with five people who lived at the service and one person who had lived there previously. We also spent time observing how people were supported to help us better understand their experiences of their care.

We spoke with four care staff and the registered manager. We looked at two people's care records. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “We’re safe there, staff help us with things like crossing roads.” Another person said, “Good staff, keep us safe.”

Staff and the manager demonstrated a thorough understanding of how to identify and report any situation in which people’s safety may be at risk. Staff told us they received training about how to keep people safe and training records confirmed this. Our records showed that when people’s safety may have been at risk the staff had worked together with external organisations to reduce the risk.

The PIR showed the manager was in the process of planning training for people and staff members about crime and victim support. During the inspection the manager confirmed this would take place early in 2015. We saw information around the home about experiencing bullying. One person told us what they had learned about how to keep safe in this type of situation and said staff spoke with them during house meetings about what to do.

People’s care files contained risk assessments and plans for reducing risks. For example, one person told us about their support plan and risk assessment for managing their own medication. We saw that risk assessments and plans were reviewed and updated regularly with people. Records showed that staff had received training about how to manage risk and they confirmed this when we spoke with them.

The provider had plans in place to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. People had personalised fire evacuation plans in place that were updated regularly. People told us what they would do if there was a fire in order to stay safe.

We also saw the provider had a system in place to make sure there was always a manager on-call outside normal office hours to provide people and staff with support in the event of an emergency.

People and staff members told us there were enough staff on duty to meet everyone’s needs and preferred lifestyles. Duty rotas showed there were no staff vacancies. Any shortfalls in staffing levels due to, for example, sickness were covered by the provider’s bank staff system and staff confirmed this. This is a system where staff who already worked for the provider in other areas can work at the home so people who live there have support from staff they already know.

Records showed that before new staff were employed the provider carried out checks about things like their work history, whether they had a criminal record and what skills they had gained. Staff confirmed this process had taken place before they were employed.

Policies and procedures were in place for the ordering, administration and disposal of medicines and a local pharmacy regularly carried out checks of the medicines kept in the home. Records showed and staff told us they were trained about administering medicines safely, the manager checked the medicines processes every month and staff checked the stock of medicines at each changeover of shift. Medicines were stored in appropriate lockable cabinets and staff recorded when people had their medicines.

One person told us about how they were supported to manage their own medicines. They showed us how they stored their medicines safely in their own room and how they recorded they had taken them. They said they were supported by staff to work through a training plan so that eventually they could be independent with managing their medicines.

Is the service effective?

Our findings

People told us that staff supported them with everything they needed. One person said, “They know what we want and need, they understand us.” Another person said, “I think they get good training.”

Staff and the manager demonstrated a thorough knowledge of people’s needs and preferences and told us they felt well trained to support people as individuals. One staff member said, “The training is good and there’s a lot of it.”

Staff told us, and records showed they received a package of training when they started work at the home. The training included topics such as keeping people safe, medicines administration and getting to know the people who lived in the home. We saw the training package was in line with nationally recognised induction arrangements.

A yearly training plan was in place to ensure staff were kept up to date with current good practice and were able to develop their skills and knowledge. Topics that were important to ensure people’s health safety and welfare were managed appropriately, such as infection control, risk assessing, Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and epilepsy awareness, were included. Staff and the manager told us they could also access training about people’s individual needs such as autism.

Staff told us they received regular supervision and a yearly appraisal of their work performance. They said supervision and appraisal arrangements helped them to talk through any issues they had and plan for developing their skills and knowledge.

Staff and the manager demonstrated their understanding of the MCA and DoLS. At the time of the inspection one person had their freedom restricted and care records showed the manager and provider had acted in accordance with the Mental Capacity Act 2005, and DoLS. Applications for restrictions had also been made for six other people.

Records showed how people had made, or had been supported to make decisions about how they wanted to live their life. People’s capacity to make certain decisions had also been assessed and recorded appropriately.

Two people showed us how they planned their weekly menus. They said that this was done at weekly house meetings and we saw the records of the meetings. People told us, and records showed that they chose their own meals and used healthy eating information and support from staff to do so. One person said, “If I change my mind I choose something else from the cupboard or fridge.”

We saw people choosing what they wanted to eat at lunch time and being supported by staff to prepare their choice. The timing of the meal was chosen by people themselves and they ate where they felt most comfortable. Staff recorded what people had eaten so that they could easily identify and support any nutritional needs that people may have. People had free access to hot and cold drinks whenever they wished.

Individual plans were in place to show how people wanted to be supported with their healthcare needs. They included specific information related to cultural or religious needs where appropriate. One person told us how staff supported them to see their GP or dentist when they needed to. Information was available to people about how to stay healthy and they were encouraged to attend ‘well-women’ and ‘well-man’ clinics. People’s medicines were reviewed every year with their GP.

Each person had a document called a ‘health passport’ and another called a ‘communication passport’. The documents contained information about the person’s health and how they communicated their needs and wishes. The person could take these documents with them to hospital or other health appointments to show healthcare professionals how provide them with effective support.

Is the service caring?

Our findings

People told us they liked living at the home. One person said, “I like it here.” Another person said, “The best thing is the staff, I love them.” Other comments were made such as, “I can be independent but know I can turn to staff if I need to” and “They look after us well.” A person who used to live at the home said, “I loved it there, it was great.”

Staff spoke to us about how they provided care and support to people based on family style principles. They said they and the people who lived in the home worked together so that people could live the lives they wanted to. One staff member said, “We and the people who live there are close knit, it’s like having a second family.” The manager and staff demonstrated a detailed knowledge and understanding of people’s needs and wishes throughout the inspection. For example, they helped us to understand how people communicated their wishes about how their day should progress.

The atmosphere within the home was relaxed and comfortable. We saw the relationships between people and the staff who supported them were warm and friendly. We saw staff and the manager treated people in a respectful way. One person told us staff spoke with people about ‘fairness and inclusion’. They said this meant that everyone should be treated in the same way. They showed us a display board that had been developed to help people remember the information.

Staff gave people time and appropriate information to help them make their own choices and decisions about things like what they wanted eat, what they wanted to do or where they wanted to be. They spent time with people

chatting about whatever the person wanted to. Daily activities were timed and guided by people themselves. For example, having a lay in bed in the morning and meal times. People were supported to carry out household activities, such as laundry and cleaning, to help maintain and develop their independence.

Staff respected people’s wishes to spend time on their own. People told us and we saw that they had their privacy maintained. Staff knocked on people’s bedroom doors and waited to be invited in. People showed us they could lock their bedroom doors when they wanted to further preserve their privacy. People also showed us a lounge area where they could spend time on their own or receive visitors in private if they wanted to. One person said, “They [staff] know me and when I like to be on my own. They always knock on my door.” They also said staff always asked for their consent before providing them with care or support.

People said staff listened to what they had to say. One person said, “They listen to me when I have problems and I know they’ll always help me.” The person told us about weekly house meetings where everyone was able share their views and thoughts and records of the meetings confirmed this.

People also told us about arrangements for support if they wanted to speak with someone outside of the home, such as a professional advocate. Information was available for people about how to contact local advocacy organisation organisations. All of the information available to people about their health, welfare and safety was available in alternative communication formats such as pictures or symbols so that they could fully understand the information.

Is the service responsive?

Our findings

People told us they were involved in planning and reviewing the support they received. They knew about their support plans and had signed them to show they consented to the care and support they received. One person said, "I do them with my key worker. We go through to see they are ok for me. If they're not we change them." A staff member told us regular support plan reviews enabled them to make sure people's views and opinions were followed up and appropriate actions were taken.

Two people showed us their care files and support plans. We saw that information was available in picture formats as well as words so it was easier for people to understand. Files showed how people wanted to be supported and how they made decisions. They also showed where those who were important in people's lives had been consulted, such as relatives or other professionals.

Each person had their own activity plan which included household, work/education and leisure pursuits. People told us about how they were supported to engage in work based and educational activities to help them maintain and develop their independence. One person told us about their part-time job and how they were completing a nationally recognised vocational qualification. We met with other people who attended a resource centre where they said they learned things like cooking and how to manage money.

People told us how staff supported them with their chosen hobbies such as golf, gardening, bowling, watching football and watching wrestling. They spoke about how they

enjoyed going to the local town for shopping with staff and were preparing for a Christmas Ball at their local resource centre. One person told us about going to a local youth group and another told us about the holidays staff helped them to go on. One person said they told staff they wanted to go to a hotel for a Christmas party and staff had helped them to organise this.

We saw people were supported to maintain relationships with family and friends. Two people told us their family members visited them at the home and one person told us about their regular visits to their family's home. Staff told us how they also supported and encouraged people to visit their friends. Records confirmed these arrangements.

People told us they knew what to do if they had any concerns or complaints. One person said, "If I have a complaint I go to [the manager] or a senior. We can also tell them [staff] in our meetings." Other people said staff listen to them and help to sort out any problems they have. There was a complaints procedure available to people. The manager told us and one person confirmed that people who lived in the home had developed their own easy read version of the complaints procedure so that everyone knew what to do. We were shown the easy read version during the inspection.

Records showed that no formal complaints had been raised about the services provided since we last inspected. The manager showed us how they had responded to a concern raised by a relative and what lessons they had learned by addressing the concern. Minutes of house meetings showed staff responded to any concerns raised by people who lived there.

Is the service well-led?

Our findings

People told us they had regular meetings with staff so they could say what they wanted to happen in the home. They also told us they could fill in an annual questionnaire to say if they were satisfied with the service they received. We saw the last questionnaire that had been completed which indicated people were very happy with the services they received. We also saw that those who were important in people's lives, such as relatives, had completed a satisfaction survey and were also happy with the services provided.

The PIR showed the manager planned to involve people who lived in the home in the recruitment of new staff. During the inspection the manager confirmed that people now had the opportunity to meet with prospective staff and give their views about them before they were offered a job.

Throughout the inspection we saw people were comfortable to approach and express their views to the manager and staff. Staff included people in everything they were doing and two people were encouraged to help us carry out our inspection. For example, they showed us around their home, showed us their care plans and showed us records about how they plan things like meals and activities.

Staff told us they were happy working in the home. One staff member said, "I enjoy working here, people are happy and content and we give person centred care." Another staff member said, "It's a very nice place to work." They also told us they knew how to, and would feel confident to, raise concerns on behalf of the people they supported by using whistle blowing procedures.

Staff said they were well supported by, and had confidence in, the manager. One staff member said, "I can turn to [the manager] and I have assurance that things are followed through." Staff also told us they had regular meetings with the manager where they received information about the home and the provider and could have open discussions and share their views. The records of meetings we saw confirmed this.

Staff said they could attend the provider's senior management meetings. They said they received regular briefings from the provider and were kept in touch with everything that happened in the organisation. We saw a regular newsletter that the provider sent out which celebrated the successes of people who use the service and staff, for example, when people have gained vocational qualifications or staff have worked for the organisation for a long time.

There were arrangements in place to regularly assess and monitor the quality of the services provided within the home. The manager told us regular audits of areas such as meeting health needs, medicines arrangements, risk management, decision making were carried out. Records confirmed this and showed that the audits were carried out by different managers within the organisation so as to achieve an objective view. Records showed the audits were summarised and actions for improvements were set out. The actions were reviewed during the next audit and we could see that the manager had carried out any required actions for improvement in a timely manner. The manager told us this helped them to learn lessons and continually improve the provision of services.

Accidents and incidents were recorded appropriately and the manager sent us notifications of events that occurred in the home in a timely manner.