

Linkage Community Trust Limited (The) St Andrews Drive

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

This was an announced inspection carried out on 1 December 2016.

St Andrew's Drive can provide accommodation and personal care for six people who have a learning disability or who have special needs due to autism. It can also support people who have sensory needs and younger adults. There were six people living in the service at the time of our inspection all of whom were younger adults who had a learning disability.

The service was owned and operated by a charity. There was a registered manager in post. 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. In this report when we speak about both the charity and the registered manager we refer to them as being, 'the registered persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. People were assisted to prevent avoidable accidents and there were reliable arrangements for managing medicines. There were enough staff on duty to provide people with the support they needed and background checks had been completed before new staff were appointed.

Staff had been provided with support and guidance and they knew how to support people in the right way. People enjoyed their meals and had enough to eat and drink. Staff had supported people to obtain all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and there was provision for confidential information to be kept private.

People had been gently encouraged to be as independent as possible while also receiving all of the practical assistance they needed. When people became distressed they received the individual support and reassurance they needed. People had been supported to pursue occupational interests and to enjoy hobbies and social activities. There was a system for quickly and fairly resolving complaints.

Quality checks had regularly been completed to ensure that the service continued to meet people's needs

and expectations. People had been invited to suggest improvements to their home. The service was run in an open and inclusive way, good team work was promoted and staff were supported to speak out if they had any concerns. People had benefited from staff acting upon good practice guidance.

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 knew how to protect people from abuse and they had been helped to stay safe by avoiding accidents.

Staff assisted people to manage their medicines safely.

There were enough staff to give people the support they needed and wanted to receive.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff knew how to support people in the right way and they had received all of the training and guidance they needed.

People had been supported to enjoy their meals and to have enough to eat and drink.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Staff had ensured that people had access to any healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been actively involved in making decisions about the support they wanted to receive.

Staff had provided people with all of the practical assistance and encouragement they needed.

Staff supported people to make choices about their lives and enabled them to pursue their hobbies and interests.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Good ●

The service was well-led.

People had been consulted about the development of the service.

Quality checks had been completed to ensure that people reliably received all of the support they needed.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted.

People had benefited from staff acting upon good practice guidance.

St Andrews Drive

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 1 December 2016. The inspection team consisted of a single inspector. The inspection was announced. We gave the registered persons a short period of notice because the people living in the service benefited from knowing in advance that we would be calling.

During the inspection we spoke with five of the people who lived in the service. We also spoke with two support workers, the registered manager and the operations manager. We observed support that was provided in communal areas and looked at the support records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with three relatives. We did this so that they could tell us their views about how well the service was meeting their family members' needs and wishes.

Is the service safe?

Our findings

People who lived in the service said that they felt safe when in the company of staff. One of them said, "The staff are good to me. They're my friends." Another person who had special communication needs used sign assisted language to show us that they were pleased to be with staff. This involved them smiling and waving positively when they saw a member of staff. Relatives were also reassured that their family members were safe. One of them said, "I'm very pleased indeed to know that St Andrew's Drive is there because I know that my family member is safe and well cared for."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We noted that in the 12 months preceding our inspection the registered manager had appropriately contacted the local safeguarding authority. This had been done because staff considered that special arrangements needed to be made so that a person remained safe when they were supported by other people to stay overnight out of the service. We noted that as a result of the registered manager's action arrangements had been made for the person to receive additional assistance from staff and the local authority in order to protect their wellbeing.

We also noted that people had been provided with suitable support to handle cash that they needed for everyday purchases. This included staff helping them to regularly access funds that were held on their behalf by the charity. It also involved staff then securely holding small amounts of cash for them until they wanted to buy something. In relation to this we noted that staff had kept accurate records supported by receipts whenever they assisted someone to make a purchase. This was so that there was a clear account of how the funds had been spent. A person commented to us about how they were helped to manage their cash saying, "I like staff to help me out with money so I have enough to buy what I want."

We noted that staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. An example of this involved staff agreeing with a person how they could safely use the kettle to make themselves a hot drink. Other examples involved staff supporting people to remain safe when out in the local community. These included a person agreeing with staff the route they would take to reach a destination and then meeting a member of staff there before proceeding on to visit a local attraction. All of these measures helped to keep people safe while not being overly intrusive.

We noted that people had asked staff to help them to manage their medicines and we saw that there were suitable arrangements to provide this support. Records showed that staff had received training and guidance to enable them to assist people to use medicines in the way intended by their doctors. People said and records confirmed that staff had provided the assistance they needed to take their medicines at the

right time and in the right way. Speaking about this a person remarked, "The staff help me with my tablets so I don't get muddled up with them."

Documents showed that the registered persons had discussed with each person and their relatives what support they wanted. The registered manager said that based upon this and in conjunction with health and social care professionals a decision had been made about how many staff needed to be on duty at particular times of the day. People told us that there were enough staff on duty to provide them with all of the support they needed and we saw people being given all of the individual assistance they needed. In addition, records showed that all of the planned shifts had been filled during the seven days preceding our inspection visit. This helped to reassure people that their support would reliably be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are tops here and they're always around when I need them."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People were confident that staff knew how to provide them with the support they needed and wanted to receive. Speaking about this a person commented, "Yeah, the staff are good here. They know me and I know them. No problems." Relatives were also confident about this matter with one of them saying, "The staff really do know each of the people who live there. They know all of their particular ways and little quirks. It's best described as being like a family setting."

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training was in line with the new national Care Certificate that sets out common induction standards for social care staff. In addition, we noted that established staff had completed refresher training in key subjects such as first aid, infection control and fire safety. The registered manager said that this was necessary to confirm that staff were competent to safely support people in the right way.

We found that staff had the knowledge and skills they needed to consistently provide people with the support they needed. An example of this was staff knowing how to correctly support people who needed extra help and encouragement to do things for themselves. Another example involved staff knowing how to help people to keep their skin healthy and to promote their continence.

In addition, records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. Staff told us that these meetings were useful because they enabled them to discuss and resolve any issues and problems they might be experiencing at work.

The Mental Capacity Act 2005 (the Act) 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. We found that the registered manager and staff were following the Act in that they had supported people to make important decisions for themselves. This had involved consulting with people, explaining information to them and seeking their informed consent. People gave examples of this when they described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor.

Records showed that on a number of occasions the registered manager had contacted health and social care professionals and relatives when it appeared that a person lacked the mental capacity they needed to make a particular decision. This had been done to help to ensure that decisions were made in the persons' best interests. An example of this referred to staff liaising with a care manager (social worker) and relative after they had become concerned that a person may need additional support to decide if they wanted to buy a large television for use in their bedroom. This had enabled careful consideration to be given about how best to support the person concerned including making sure that the proposed purchase was good

value for money. We noted that as a result of this the person had completed the purchase and was enjoying using their new television.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered persons had correctly considered whether each person who lived in the service was being subjected to a high level of supervision or was being deprived of their liberty. Records showed that as a result of this assessment they had correctly applied for Deprivation of Liberty authorisations for each person who lived in the service. This had helped to ensure that people received support that respected their legal rights.

People told us that staff assisted them to go shopping for food and to prepare their meals. This included deciding what meals they wanted to prepare, checking what supplies they already had and making a list of things they needed to buy. A person remarked about this saying, "I don't mind helping out in the kitchen and I quite like going shopping with the staff to get what we need." In addition, we noted that when necessary people had been provided with extra help to ensure that they benefited from having a balanced diet without too much reliance on fast foods. A person commented on this saying, "I like chips which we do have now and then but the staff like me to have healthy stuff like fruit which isn't too bad I suppose."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative commented on this saying, "The staff are definitely very good about sorting out health care. They arrange for my family member to see their doctor straight away if they need it. They're very much on the ball."

Is the service caring?

Our findings

People who lived in the service were positive about the quality of the support they received. We saw a person with special communication needs sitting with a member of staff after they came home from attending a day opportunities service. Both were using sign assisted language to speak about the activities the person had enjoyed doing that day. They then looked ahead to how the person wanted to spend their evening. The person indicated that they wanted to use their laptop to access the internet and later on we saw them smiling as they were doing this. Another person said, "I do lots of things with the staff, like friends do." Relatives were also confident that their family members received a caring response to their needs for support. One of them said, "I'm sure that St Andrew's Drive is the right place for my family member. The staff are genuinely kind and my family member completely sees the service as being their home."

We saw that people were being treated with respect and kindness. Staff were friendly, patient and discreet when supporting people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way so that they could manage all of the Christmas cards they wanted to send. The member of staff chatted with the person about what sort of card would best suit each of their relatives. They also offered to check that the person had put the full address on each envelope so that their cards did not become lost in the post.

Staff were knowledgeable about the support people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred during our inspection visit when a person indicated on several occasions that they wanted to spend time in the room where we were speaking with the registered manager. We noted that on each occasion the registered manager was happy to invite the person into the room and chatted freely with them until the person decided that they wanted to go to another room.

We noted that staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. We saw that staff knocked on the doors to bedrooms and waited for permission before entering. Each person had their own bedroom which they could lock for privacy. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that staff had assisted people to keep in touch with relatives by supporting them to use the telephone and social media. In addition, we saw that staff regularly assisted some people to visit their relatives by helping them with transport arrangements. A person remarked about this saying, "I speak with my relatives on the 'phone a lot and the staff help me with getting to places when I want to visit them." Relatives also appreciated this aspect of the service with one of them saying, "Things are very informal with the staff and they positively welcome relatives' involvement. There's no sense of 'us and them' at all and they want us to play a full part in our family member's life."

We noted that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local lay advocacy services who could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We saw that written records which contained private information were stored securely and computer records were password protected so that they could only be accessed by authorised staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Is the service responsive?

Our findings

We found that staff had consulted with each person about the support they wanted to receive and had recorded the results in their individual support plans. These support plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose how they rearranged some of their clothes that were hanging in their wardrobe. They wanted to do this so that some of their warmer garments were more readily to hand. In another example we saw a member of staff using sign assisted language to discuss with a person when they wanted to be assisted to enjoy having a bath and to change their clothes. People chatted with us about their everyday conversations with staff and one of them remarked, "I have a laugh with the staff and we sort of muck in together."

People told us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that people were gently encouraged to do things for themselves whenever possible. An example of this involved a member of staff helping a person to manage their money so that they had enough left to pay when joining work colleagues for the Christmas meal. We heard the member of staff discussing how much the meal would probably cost and how much money they had left after buying Christmas presents. We then heard the person remark, "Good, I'm glad I've got Christmas stuff sorted."

We found that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's support plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in a communal area. This had resulted in the space being rather more noisy than usual. A member of staff responded to this by suggesting that the person might enjoy spending some quiet time in the lounge. Soon after this event we saw the person again and this time they were sitting in the lounge enjoying listening to music.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. An example of this involved staff being aware of the need to respond to people's spiritual needs that might include supporting them to attend religious ceremonies. In addition, staff had sensitively advised and supported people when they wanted to form special friendships with people who they had met when attending social events in the community.

We found that staff had actively supported people to pursue occupational activities and to enjoy interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included attending a local day opportunities service where they could contribute to community enterprises such as horticulture. They also included social events such as going swimming, going for meals out, visiting places of interest and attending dances. People spoke positively about the variety of interests they enjoyed with one of them saying, "I do lots of things every week. I'm always out and about with staff and like to be busy." Two people spoke enthusiastically about a holiday staff had recently supported them to enjoy. One of them said, "All of us went to the seaside for a week with

the staff in the summer and we did lots and lots of great things."

We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. Speaking about this a person remarked, "I don't have anything I don't like. But if there was I'd just say." Relatives were also confident that they could freely raise any concerns they might have. One of them said, "I've no worries at all on that score. I've never had any reason at all to complain but if there was something in the future I'm confident it would get dealt with okay."

We saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that they had not received any formal complaints in the 12 months preceding our inspection visit.

Is the service well-led?

Our findings

People who lived in the service and their relatives told us that they considered the service to be well managed. A person commented about this saying, "I've got what I need here. It's a good place right enough." Relatives were also reassured about this matter with one of them saying, "I do indeed think that it's well run because otherwise the people who live there wouldn't be so settled and happy. When my family member comes to stay with me they're always pleased to go back and never show any reluctance. What other test do you need?"

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. One of them remarked, "I see the staff every day and we chat about all sorts of things as we go along." We saw a lot of examples of staff consulting with people. One of these involved a member of staff chatting with a person who had special communication needs about possible destinations for trips out. We saw the member of staff engaging the person by using sign assisted language and by pointing to pictures and objects that related to different destinations. This was done so that the person concerned could meaningfully indicate their choices.

We also noted that there were regular house meetings at which staff supported people to suggest improvements to their home. An example of this involved people sorting issues out between themselves such as reminding each other about the need to leave the bathroom clean so that it was ready for the next person.

In addition, records showed that people who used the service and their relatives had been invited to complete an annual questionnaire to give feedback about the service. We noted that in their most recent responses people had praised the service for how well people's needs for support were being met. We saw that the registered persons had quickly responded when a suggestion had been made. An example of this involved a person being given additional individual support and encouragement so that they could develop more skills to safely use kitchen appliances.

We found that suitable arrangements were in place to enable the registered persons to robustly monitor and evaluate the quality of the service. Records showed that the registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the support they needed. These checks included making sure that medicines were safely managed and people's legal rights were protected. Records also showed that checks were being made of the accommodation including making sure that the fire safety equipment was well maintained and in good working order. Other checks included making sure that hot water was suitably temperature controlled and radiators were guarded to reduce the risk of scalds and burns and food was stored and handled in the right way.

People and their relatives knew who the registered manager was and said that they were helpful. Commenting in general on the management of the service a relative said, "Since my family member has been living in St Andrew's Drive they've become much more settled. That's been because the staff understand them and provide them with a secure place they can call home. This is absolutely what they

need." During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a very detailed knowledge of the support each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this was the registered persons engaging with national advice about the importance of encouraging and enabling people to take steps along their individual journeys towards greater independence. We saw that as a result of this they had built a special flat on to the service. This had been done so that a person could have the space and facilities they needed to further develop their ability to do things for themselves.