

Linkage Community Trust

Pelham

Inspection report

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Date of inspection visit:
02 April 2019

Date of publication:
26 April 2019

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

About the service: Pelham is a care home providing personal care and accommodation for up to eight people, who may be living with learning disabilities. At the time of the inspection five people were living at the service.

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, with the exception that the service accommodated more than six people. 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.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to complete major achievements, relevant to their individual wishes. People had developed strong links with local leisure facilities and other amenities as well as securing work placements leading to paid employment.

The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns if they suspected abuse. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe.

People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. People were supported with good nutrition and could access appropriate healthcare services.

People saw their families and friends when they wanted, as there were no visiting restrictions. People were fully involved in ensuring the home they lived in was safe, taking responsibility for key elements of running the service. Staff supported people to learn about safety issues, such as fire risks and how this could be managed safely if unexpected events occurred.

People were involved in the recruitment of new staff. Staff skills were considered alongside the people living at the service to ensure people were able to access the activities they enjoyed and to try new experiences.

Staff cared about the well-being of people they supported and we received positive feedback about the kindness of staff. People were treated with respect and dignity and their independence was encouraged and

supported. Where people required support at the end of their lives, this was carried out with compassion and dignity.

People described a range of activities and events both within the service and the local community, based on their interests and preferences. People and their relatives were supported to receive information in an accessible way either through easy read, large print or pictorial formats to enable them to be involved in their care and support.

Care plans had been developed and were regularly reviewed. These contained relevant information about how to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

All areas were clean, tidy and there was effective cleaning taking place to keep people safe from the risk of infection. The rooms we looked at were personalised and decorated in colours of people's choosing. The environment supported people to have time on their own and time with other people if they chose this. Cleanliness and health and safety were well managed.

The registered manager and staff team worked together in a positive way to support people to remain as independent as possible and to be safe. Staff told us they were well supported by the registered manager and management team.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at the last inspection: Good (published 11 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Pelham

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by an inspector and an assistant inspector.

The service had a manager registered with (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: The inspection was unannounced.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch England. Healthwatch England are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and social care services. We also sought feedback from professionals who worked with the service. This information helps support our inspections.

We spoke with three people who used the service, four members of staff and the registered manager. Following the inspection, we spoke with one relative.

We reviewed a range of documents. This included two people's care and medicine records. We looked at two staff recruitment and supervision records and documents relating to the management of the service and policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic area.
- People told us they felt safe and supported by members of staff. People told us, "Yes, I am safe here." They shared examples of how they had been supported by staff with difficulties they had experienced.
- There were sufficient staff on duty to meet people's needs, enable people to take part in social activities and to attend medical appointments. A tool was used to monitor the number of staff needed, based on people's needs.
- The provider operated a safe recruitment process and people using the service were involved in this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The environment and equipment used had been assessed for safety.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found during audits they were investigated and action taken as needed.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour.

Preventing and controlling infection.

- People were involved and supported to understand and manage risks associated with poor hygiene and poor infection control practices. Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. People told us, "Yes, I have meetings with my keyworker and in my reviews and I can talk about what is important to me."
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, hopes and preferences were recognised, recorded and shared.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- The premises were designed to provide a homely environment for people. There was no indication Pelham was a care home; it blended in with neighbouring family properties. There were communal areas of differing sizes to allow people to be part of a larger group and to facilitate group activities or quieter areas where people could be alone.
- People told us they enjoyed the environment and were fully involved in the design and decoration of where they lived. All areas of the service were personalised with photographs and personal items. People answered the telephone and dealt with calls confidently and effectively, passing on messages or bringing others to the telephone if the call was for them.

Staff support: induction training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "The staff have really helped me to understand my feelings and how I can manage them better. They are very kind."
- Staff had completed a comprehensive induction and training programme. They had the opportunity for supervision and appraisal. One staff member told us, "Yes, the training is very informative."
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- People had a choice of and access to sufficient food and drink throughout the day. Menus were planned in consultation with people based on their preferences.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- We observed people were treated with kindness and people were positive about the staff's caring attitude. One relative said, "She is very happy there."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and staff. A member of staff told us, "Our relationship with people is based on mutual respect, and we use our role as keyworker to support people to achieve their goals. We keep goals realistic and manageable and celebrate people's successes with them."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff communicated with people in a caring and compassionate way. Staff gave people time to respond, listened to them and provided sensitive support to ensure their needs were promoted.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care.

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People were directed to sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence.

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome.
- People's independence was promoted. They were encouraged to maintain their independent living skills. For example, accessing college, adult skills training, work placements, taking an active role in their local community and accessing community based groups.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People's rights to privacy and confidentiality were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received care and support based on their individual needs. Staff involved people and their families in their care plans. Each person had been involved in developing a plan that included the various stages towards a goal, for example, planning a holiday, accessing a drama group, learning to trampoline or ice skate.
- People's care plans were comprehensive and reflected people's personalities. Plans had a section called 'how best to support me' that people had been supported to complete. Records were detailed and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed.
- People were empowered to make choices and have as much control and independence as possible.
- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People had 'champion roles' within the service including skills, health and well-being and inclusion and fairness. They displayed information in a variety of different accessible formats to enable people to be sign posted to a variety of information and help groups they could access.
- People's feeling of wellbeing benefitted from the staff promoting social events, gaining access to the community, and taking part in activities based on their preferences.
- People were supported to promote good health. Staff worked with health and social care professionals to maintain people's well-being.

End of life care and support.

- The registered manager worked with people during the review process to obtain their views and wishes. They explained that when required, people would be supported to make decisions about their preferences for end of life care.
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and staff spoke positively about the registered manager and the quality of care provided. One person told us, "(Name of registered manager) always helps me out, so I try to help her back." One relative told us, "(Name of registered manager) is a superb manager. Very approachable and goes beyond her hours."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- The service involved people and their relatives in day to day discussions about their care.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continually improve the service.
- People told us the registered manager was approachable and they received good support when they needed it. Staff told us, "I can message or e mail my manager at any time, and they always help. Morale is good." Another commented, "I can go to her with anything and she will make time for me."
- The providers policy and procedures promoted a culture that was open and inclusive.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver this. The registered manager told us, "It is so rewarding when we see people develop new skills, even if this means they are moving on to another service, because we know they have achieved what they have set out to do."
- Staff told us they felt valued and appreciated.
- Where internal audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people. This included, ice skating, rock climbing, trampolining and local drama groups.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care.

- Regular checks and audits were completed by the staff and registered manager to make sure people were safe and they were happy with the service they received. The provider asked other registered managers in the organisation to also check the service was safe.
- The registered manager had ensured they had communicated all relevant incidents or concerns both

internally to the provider and externally to the local authority or CQC as required by law.

- All feedback received was used to continuously improve the service.
- The registered manager worked to develop the staff team so that staff at all levels understood their roles and responsibilities. They were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.