

Linkage Community Trust

Weelsby View

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Weelsby View is registered to provide accommodation and personal care for up to 10 people with learning disability and/or autism. The home is a detached house which has been extended. Accommodation is provided over two floors with stairs access to the first floor. Local facilities and amenities including the organisation's college facility are within walking distance. On the day of our inspection there were three people living at the service, all male.

We last inspected the service on 22 May 2015 and the service was rated as Good with one area rated as Outstanding. At this inspection we found the service remained Good with one area rated as Outstanding.

The service had 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.

The staff team had an excellent understanding of people's complex needs. The way staff responded to people's needs, and approached them with compassion and consistent care, had led to them being able to participate in meaningful activities and having an outstanding quality of life. The staff team were very responsive to people's individual needs and had been flexible in organising a wide range of community-based activities to enable people to feel part of the wider community. All staff were dedicated to providing exceptional person-centred care and helping people to achieve their potential and develop their independence. A relative told us, "Yes, without doubt [Name of person] has grown since he moved to Weelsby View. He continues to be happy and settled. This is due to the trust he has in those who work with him. Without the support he receives at Weelsby View he wouldn't have progressed as he has. He has his own personality and the staff respond and interact well with him."

The service was a safe place for people to live. Recruitment procedures were thorough and there were sufficient staff, used in a flexible way to support people's needs. Staff knew how to safeguard people from the risk of abuse and harm, had received training and also had procedures to guide them. There were procedures in place to manage risk which helped to ensure people were safe whilst not being too restrictive.

People's health and nutritional needs were met. People were supported to attend appointments and access community health care professionals for advice and treatment when required. Medicines were managed effectively and staff ensured people had their medicines as prescribed. The menus were developed with people where possible and provided them with a variety of nutritious meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When restrictions on people's liberty were necessary the manager had ensured the correct applications had been made to protect each person's legal rights.

There was a strong emphasis on key principles of care such as compassion, inclusion, respect, dignity and enablement. Staff approach was observed as kind, caring and compassionate. They treated people with dignity and respect whilst still maintaining a friendly and professional manner.

Staff received training appropriate for their development, supervision and appraisal. Staff told us the registered manager led by example and were supportive of them. They felt listened to, able to make suggestions and were confident in supporting people who used the service.

There was a quality monitoring system in place which consisted of audits, checks, the management of complaints and obtaining people's views about the service.

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 remains 'Good'.

Is the service effective?

Good ●

The service remains 'Good'.

Is the service caring?

Good ●

The service remains 'Good'.

Is the service responsive?

Outstanding ☆

The service remains 'Outstanding.'

Is the service well-led?

Good ●

The service remains 'Good'.

Weelsby View

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 announced inspection took place on 20 June 2017. We gave notice of the inspection the day before so staff could inform the people who used the service and provide appropriate support.

We looked at notifications sent in to us by the provider, which gave us information about how incidents and accidents were managed. We had not requested a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an adult social care inspector. During the inspection we met the three people who used the service. Some people communicated through non-verbal means. We observed interactions with people to establish how well they were supported and their relationships with the staff. We spoke with one person, the registered manager and two members of staff. Following the inspection we spoke with two relatives for their views of the service.

We looked at each person's care file including their medication records. We also looked at a selection of records used in the management of the service. These included staff rotas, staff recruitment and training records, quality assurance audit checks, accident and incident records, maintenance checks, surveys and minutes of meetings with staff.

Is the service safe?

Our findings

At this inspection we found people continued to be supported in a safe way. We asked a person if they felt safe and they said, "Yes it's quiet here. I'm safe."

People were safe because systems were in place to reduce the risk of harm and potential abuse. All staff had received safeguarding training and had a clear understanding of the procedures to follow if they had any concerns.

The registered manager ensured there was enough staff to support people safely. They confirmed that staffing was provided in line with the agreed individual packages of care, based on people's assessed needs. Staff rota's confirmed people were supported by core staff teams in order to provide consistency and continuity to people receiving services.

Relatives told us their family member was happy and they did not have any concerns about their safety. One relative said, "Yes, definitely safe. I trust the staff and have no concerns about the safety of [person's name]. Another relative told us, "They have a low staff turnover and many of his support staff have been with him since he arrived. This has enabled him to build a very effective trust relationship which helps him remain settled and happy." During the inspection we saw people appeared relaxed and comfortable in the presence of staff.

Recruitment procedures were robust and staff were recruited safely. Vetting checks on potential new staff were routinely carried out to ensure they had the correct skills and were of appropriate character to work with vulnerable people.

Staff understood how to support people to be safe. Risks to people's safety that were related to their health needs or lifestyle had been assessed. The staff we spoke with were aware of how to support people in ways that reduced the impact of these risks, while enabling people to maintain an active lifestyle, doing the things that were important to them.

Where accidents and incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager and the senior management team to ensure suitable risk assessments were in place and appropriate action had been taken. There had been one incident where low level physical intervention had been used. The records didn't detail the post incident review, although the manager and staff confirmed this had taken place. The manager confirmed they would address the need to amend the format of the document with their senior manager. A relative we spoke with considered incidents were well managed, they said, "Given the complex needs of the young men at Weelsby View, it was not unexpected that there have been a couple of incidents. This was resolved and there hasn't been any recurrence. I was fully informed of the incidents at the time and what structure was put in place to avoid it happening again."

People received their medicine as prescribed. The community pharmacist completed an audit of medicines during our inspection and found the systems to be safe and well-managed. The registered manager

confirmed that none of the people who used the service were currently able to take responsibility for their own medicines, but arrangements were in place wherever this was possible. We saw that a range of checks were undertaken each day and periodically by the management team to ensure that medicines were given and managed safely.

Is the service effective?

Our findings

We found people continued to be supported in an effective way. One person told us, "Staff are nice; they help me." Relatives were confident that their family member was appropriately cared for and their needs were met. One relative commented, "No concerns at all, staff provide a very good standard of care."

People were fully involved, where possible, in the planning around the food they purchased, prepared and ate in order to remain healthy. They were supported to discuss and plan their menus on a weekly basis. One person's menus reflected their preference for spicy food. They told us, "I like chilli and spicy duck. Yes, I do shopping and cooking." Each person had a food and nutrition plan in place and records showed the service involved the GP and dietician if there were concerns about a person's weight. Risk assessments focused on the person's behaviour around food and we discussed the use of the malnutrition universal screening tool (MUST) to identify people who were underweight and at risk of malnutrition, as well as those who are obese. The registered manager confirmed they would look into this.

People had been supported to maintain good health and to access the healthcare services relevant to them. Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. Records showed people had annual reviews of their general health, medicines and specific needs.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were a number of restrictions in place based on maintaining people's safety and well-being. Appropriate applications had been made to the local authority for DoLS assessments, including when existing authorisations were due to expire. We heard and observed staff offering people choices and patiently providing explanations to enable people to make choices regarding their own care.

Staff employed were skilled, trained and knowledgeable. Throughout our inspection we observed staff confidently meeting people's needs. Staff completed training and received regular supervision and appraisal to support them in their role. Records confirmed staff received a range of training considered essential by the registered provider and also related to the health conditions of people who used the service. These included autism, epilepsy, sign language, and managing anxious and distressed behaviours. We found some staff were behind with their refresher training. The registered manager had recently introduced a new training matrix record, completed an audit of the training records and was able to show the outstanding courses had been planned. New staff members received a comprehensive induction to their role to ensure they were equipped with the skills they needed to support people appropriately.

We found planned redecoration and refurbishment had taken place since the last inspection. The manager confirmed further work was needed around the service and some of this was scheduled to be completed within the next few weeks.

Is the service caring?

Our findings

People continued to be supported in a caring way. People were supported by staff that they had got to know well. All the care and support we observed was offered with kindness and compassion. The interactions between staff and people living at this service showed that people had developed trusting relationships with staff. People looked relaxed and calm with the staff who were supporting them. A person we spoke with said they liked the staff because they told them jokes and took them out.

The two relatives spoken with made positive comments about the caring nature of the staff and confirmed they all felt involved in the care of their family member. They said, "Lovely caring staff who make me feel involved. This is his home now" and "I believe that the staff have taken the time to get to know [Name of person]. The home reflects a calm environment. Whenever I speak with support staff about [Name of person] I always get the impression that they speak about him with care and empathy. They relate to him in a way which indicates a good relationship with him. I believe the staff treat him with respect and dignity."

During our observations we saw and heard people being spoken to with kindness, we saw staff exercising patience in trying to help people understand questions and make choices, and we saw interactions and support that promoted people's dignity and independence. Staff offered reassurances and encouragement when people were worried or anxious.

We observed staff showed a positive regard for what was important and mattered to people. Some of the people we met were not able to explain their needs and wishes easily. We saw staff used their knowledge of the person, and their experience of what different words, sounds and gestures meant to help people make choices and express their wishes. One person used a range of pictorial systems to help them communicate. These included a picture exchange communication system (PECS) and also 'now and next' cards which helped the person to understand what they did first and then after. During the inspection we saw the cards used matched the person's activities of time spent on their computer and then an outing to the local shop. Staff also used a 'mood board' to help the person express how they felt.

Staff were aware of the individual wishes of each person, relating to how they expressed their culture, faith and sexuality. We observed that people were supported to live a life that was reflective of their individual wishes and values. The registered provider had ensured that all staff had been trained in equality and diversity.

People were supported to choose their key workers and one person told us their key worker was really nice and they talked with them about their holidays. The registered manager confirmed that one person was currently receiving support from an advocate to help them with any decisions about their care and treatment.

We saw that written and electronic information about people who lived at the home and staff was stored securely.

Is the service responsive?

Our findings

People continued to receive extremely personalised care and support at the service. Relatives and staff we spoke with felt the service was proactive in enabling people to have control over their lives and to receive care and support which was personal to them. A relative told us, "He continues to develop independence, at his own pace, and staff encourage him to participate in community access, which he enjoys. They have found a pattern or schedule for [Name of person] which fits with his needs but also promotes health and well-being." They went on to say, "He always appears happy and settled when I visit and takes part in regular activities such as walking to the shop or out in the country."

Throughout the inspection we found there was a positive culture of supporting people to reach their maximum potential. The registered manager told us the service supported people to become more confident, skilled and independent. Staff told us the ethos of the service was to enable people and support their independence to lead as full a life as possible.

It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Individual care and support plans clearly identified emotional needs and anxieties, how they presented and the support the person required from staff to manage and reduce them. The service recognised the individuality of each person regardless of the support they needed. Staff spoke with pride about the people they cared for and celebrated their achievements. They worked flexibly and organised their day around the needs and wishes of people.

The manager and staff had an excellent understanding of what was important to people and wherever possible they were supported to do what they wanted, when they wanted. We saw people had activity plans in their care files. The staff team were flexible and responsive when organising community activities and took into account timings of visits and areas which would be overcrowded for specific people. During our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with cooking, shopping, playing on their computer, attending college and participating in domestic tasks to promote their independence skills. Records showed other activities people had participated in included, walks, ice skating, cycling, bowling, swimming, going to the gym, pub visits, disco's, visits to the beach and various day trips to places of interest. One person's relative told us, "[Name] finds visiting places like the sea front too busy and noisy and they get over stimulated. Staff take him to open spaces and woodland areas which he enjoys much more."

One person attended the organisation's college facility and they participated in a range of vocational, educational and personal development programmes which had been tailored to their individual needs. They told us they enjoyed the drama, maths and gardening courses best.

Staff supported people to go on regular holidays and this also included providing support when people went on holidays with their families. One person described how much they had enjoyed their holiday with their relative and they were going on another one with their friend at the service.

People were supported to participate in work experience in the community where possible. The manager explained how one person had recently started a work placement in a charity shop and what a very positive achievement this was. The person visited the placement with a member of staff for an hour each week and assisted with the presentation of the clothing, which they really enjoyed. The manager was planning to increase the time spent at the placement gradually.

It was clear that the provision of care was not task-led and although each person preferred a structured and routine lifestyle, we found the manager and staff were flexible in the way they supported people and changed priorities as the situation demanded. For example, staff changing plans in light of what people wanted to do. A relative told us, [Name of person] enjoys using the computer and needs a little encouragement to go out. However, staff also respect his decision should he choose not to go out."

The manager was extremely supportive of staff developing a fulfilling environment for the people who used the service and recognised people needed their own recreational space due to their individual sensory and emotional needs. Since the last inspection, each person had been provided with their own recreational room which was personalised and furnished to meet their individual needs and preferences. One person told us how he liked to go to his lounge to, "Chill out."

The manager told us about the garden project and how people who used the service had been involved with the improvements and how much they enjoyed using the outdoor space. Since the last inspection, a trampoline and swing had been provided as well as new seating and plants. One person was keen to show us the bird table he had brought with him, when he moved to the service and named the birds he liked to watch. We were also shown a 'Bug hotel' which had been built by two people who used the service the previous weekend. Staff explained how they had supported people to use some of the skills gained at college to help with the planning and construction.

We looked at the care files for the three people who used the service and found these to be well organised, easy to follow and person centred. The care records format had been revised in recent months and the care plans had all been rewritten. The manager explained that a decision had been made by the senior management team to change the frequency of the care plan evaluation and reviews, to take place every six months. We discussed the benefits of completing more regular evaluations of the care records to ensure they remained up to date, given the complex needs of the people who used the service. Following the inspection, the manager confirmed a meeting had been arranged to look at the review processes.

Relatives were actively involved in decisions about their relation's care. One relative told us, I feel very well informed about [Name of person]. I have never had problems communicating with staff. There is always someone available to speak with me when I call. Should an issue occur I am informed and involved in finding a workable solution. I have always attended his reviews, which are informative and extensive."

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described what was important to them, their preferred daily routines, what they enjoyed doing and how staff could support them in a positive way. The care plans provided staff with a good level of detail of the support to be provided. For example, one person's care plan included photographs of their breakfast meal as they had very specific preferences for how the food was presented. This ensured the support from staff was very consistent.

Staff supported people to complete their 'My Life' book which contained lots of information about the person's family, pets and interests, their likes and dislikes and how they communicated. The books contained a lot of photographs and gave staff a very good level of information and understanding about the

person.

Staff were good in supporting people to overcome anxieties and behavioural difficulties which could have prevented them from enjoying life experiences and actively engaging with their environment and community. This was done through a joint approach between the staff and the person, defining appropriate behaviour with lots of positive reinforcement. We looked at a person's positive behaviour support plan and found this included clear proactive and reactive strategies to support effective communication, life skills, distraction techniques and keep the person and those around them safe using the least restrictive option. The manager confirmed how much progress the person had made with managing their behaviours since admission and that the plan was currently being reviewed by the organisation's behaviour consultant.

There were very good arrangements in place to ensure people transitioned safely to the service and had the appropriate support in place. The manager and staff worked with relatives, healthcare professionals and other external agencies to enable full assessments to be completed and trial visits to the service and the college (where appropriate) to take place. A relative we spoke with told us how the move from the college service to residential care had been managed very well.

People who used the service were asked to provide feedback on the service through surveys. We saw evidence that their feedback was collated and used to develop the service when possible. For example, one person expressed concerns that sometimes their food in the fridge was moved onto different shelves and the manager confirmed they had now provided the person with their own fridge to store their food.

People and their relatives were given clear information about how to make a complaint. There was a complaints policy with an easy read version using simple words and symbols to help people to understand the process. Staff knew people well and knew how they were feeling by their behaviours which meant that staff had the opportunity to spot concerns and deal with them before they escalated. No formal complaints had been received since our last inspection. A relative said, "I have no hesitation in expressing any concerns I have. I feel heard and I engage with management or staff in order to find a workable solution." Another relative commented, "If I mention something, staff are very responsive and they always listen to me and follow things up."

Is the service well-led?

Our findings

We found people continued to be supported by a well-led service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The manager was aware of their responsibilities in relation to informing CQC and other agencies of incidents which affected the health and welfare of people who used the service.

When we asked people's relatives about the management of the service, all the comments we received were positive. One person's relative told us, "Communication is great, I see the manager regularly and they are always available to discuss things. Yes, it's a well-run home." Another relative said, "Since [Name of person] has been at Weelsby View I have thought the level of service provided to be very good. The service is well-managed by the manager and all those who support [Name of person]."

The organisation and the manager promoted values which supported people to live as fulfilled and meaningful a life as possible. We found the culture of the service was positive, person-centred, inclusive and forward thinking. Staff described the manager as a role model and how his calm approach influenced the atmosphere at the service. A member of staff told us, "Yes, [Name of manager] is a good manager. He listens and is very considerate of staff and client's views." The manager was very visible in the service and it was evident people were comfortable in their presence. One person who used the service told us they liked the manager and called him their "Linkage Dad."

We saw communication between the manager, the staff team, people who used the service, their relatives and other agencies was very good. Team meetings were held and the minutes detailed what had been discussed and any actions required. Staff told us how much they enjoyed working at the service. One said, "It's brilliant, I love it." We saw the results of staff surveys were not broken down to each service in the organisation. Some of the findings from the 2017 survey were mixed, but overall, there were improvements from the previous year in the responses to most questions asked. The manager confirmed they would be discussing the findings in team and individual meetings with staff to look at any action points. Relative survey results showed no negative responses were received.

The quality monitoring programme included a structured programme of peer reviews by managers from other services within the organisation. These quality reviews were generally completed every three months and covered all aspects of service provision. Records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

The manager regularly completed a range of internal checks of areas such as care plans, personal finance accounts, the environment and medicines management. We discussed the benefits of using more detailed audit tools to complete these checks, which the manager confirmed he would discuss with the senior management team. The manager confirmed the staff training records would be included in the monthly audit checks in future.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken when this was required. The manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.