

Boulevard Care Limited

Link House

Inspection report

Main Road
Withern
Lincolnshire
LN13 0NB

Tel: 01507450403

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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

About the service: Link House is a residential care home. At the time of the inspection, it was providing personal care and support to six young people with learning disabilities. 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. 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: People lived in a safe environment. Staff knew how to protect people from abuse and harm; risk assessments were completed, which helped staff minimise risk whilst ensuring this was not overly restrictive. Staff were recruited safely and there was enough staff deployed to meet people's needs. Staff managed medicines well to make sure people received them as prescribed.

People's health and nutritional needs were met. Staff supported people to access health professionals when required. The menus offered people choices and alternatives. Staff received training and supervision, which provided them with the skills and knowledge to support people safely and effectively.

The staff approach was kind and caring. They respected people's privacy and dignity and supported them to be as independent as possible. Care was planned and delivered in an individual way in line with people's preferences. The end of life care for people was delivered in a kind and compassionate way, which responded to their needs and the needs of relatives and friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a quality monitoring system which consisted of audits, meetings and questionnaires to make sure people's views were obtained and action could be taken when shortfalls were identified. People felt able to raise concerns or make a complaint. Information about how to complain was in an accessible format.

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

Rating at last inspection: Good (the last report was published on 14 October 2016).

Why we inspected: This was a planned inspection based on 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Link House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of one inspector.

Service and service type: Link House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection: We gave the registered manager short notice of one day of the inspection. This was because the service was very small, and we wanted to make sure people who lived there, and the staff were available to speak to us.

What we did: Before the inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events, which the service is required to send us by law.

During inspection: We spoke with two people who used the service. We observed how staff interacted with people. We spoke with the registered manager, two team leaders and two care assistants. We looked at the care records for three people who used the service and medication administration records for all six people. We looked at a range of documentation used for the management of the service such as staff rotas, training and supervision, quality audits, cleaning schedules, records of meetings and maintenance of equipment. We

completed a check of the environment.

After the site visit we spoke with two relatives of people who used the service and received information from two advocates, one health care professional and two social care professionals.

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.

- Staff understood how to safeguard people from risk of harm and abuse. In discussions with staff, they described the different types of abuse, signs and symptoms that could alert them and who to contact to take the concern forward. Staff had safeguarding and whistle blowing policies and procedures to guide their actions.
- One person who used the service told us they were 'looked after properly'. They said, "If I was worried, I would tell the staff or [Name of registered manager]." Two relatives told us they were very happy with the care their family member received.
- Comments from health and social care professionals included, "In my opinion, the service is safe. For example, there is awareness of safeguarding responsibilities and risk assessments" and "The service is safe to use, I have observed no issues where a resident would be at risk or vulnerable."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- People had risk assessments in place, which guided staff in how to minimise risk without being overly restrictive. The personal emergency evacuation plans for each person required more information; this was mentioned to the registered manager to address.
- An assessment of stored water in the service, to minimise the risk of legionnaires disease, had not been completed but staff had taken appropriate steps to flush through unused water outlets. The general manager told us a legionnaires risk assessment would be addressed quickly. Equipment used in the service was checked to ensure it remained safe to use.
- Staff had access to personal protective equipment to help prevent the spread of infection.
- Health and social care professionals said, "The staff at Link House use care and risk management plans to maintain a consistent approach to supporting the service users" and "The physical environment seems well-maintained and clean."

Staffing and recruitment.

- The provider had a safe staff recruitment and selection system. Employment checks were carried out before staff worked in the service.
- There were enough staff on duty to meet the assessed needs of people. Staff confirmed that people who used the service had low level care and support needs.
- Health and social care professionals said, "Yes, there are sufficient staff in relation to how many residents there are. They appear skilled in supporting people with their needs" and "I have not had any concerns regarding the staffing levels. I have always been met by regular staff and cannot remember an occasion where I have seen any agency staff."

Using medicines safely.

- There was a good system in place for the management of medicines. This made sure medicines were stored safely, administered to people as prescribed, recorded appropriately and returned to the pharmacy when no longer required.

Learning lessons when things go wrong.

- There were very few accidents and incidents. Those that did occur were recorded and analysed to ensure learning could take place and measures put in place to prevent a reoccurrence.

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.

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People had assessments of their needs completed, which provided information about whether those needs could be met in the service, the level of support people required and how this was to be delivered. A relative told us. "The way the staff cared for them when they were ill was second to none. They went in [to hospital] on their time off. They managed to keep them there [in the service] and kept the home okay for the rest of the people."
- A health professional said, "I feel that the service users are effectively supported in all aspects of their care. Continued attempts are made to maintain their [people who used the service] current skills and knowledge and to develop on these."

Staff support: induction, training, skills and experience.

- There was a training plan which included essential training such as fire safety and safeguarding people from abuse. Staff had completed first aid training but said this was some time ago and required an update. This was mentioned to the general manager to address. Other training related to issues affecting people who used the service was included in the training plan for the coming year.
- Staff told us they had enough training to help them feel confident when supporting people. They also confirmed they received supervision and support from their line manager and senior management. A health and social care professional said, "They are very good at dealing with their anxieties in a calm, direct manner, which does not alarm other residents" and "

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional needs were met. Staff supported people to plan menu's, shop for ingredients and prepare meals.
- People told us they liked the meals prepared for them. Comments included, "The meals are nice. Everybody chooses what they want" and "Staff ask us what we want and do it."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff supported people to access a range of health professionals when required, including outpatient appointments. Comments from health and social care professionals included, "My client happily seems to enjoy good physical health. Their mental health can fluctuate, which staff recognise and understand. They have regular health checks"
- The registered manager and staff team worked with other agencies to ensure people's needs were met. A health professional said, "The team support the service users to attend physical health checks and have

regular contact with clinicians to support their mental health needs. There is a pathway through the NHS learning disabilities hub team should additional problems arise which need urgent support. Should physical health problems occur then they do access their GP services."

- A person who used the service said, "I saw an eye specialist two weeks ago and a lady for my feet." A relative said, "The GP is contacted quickly, and they always let me know."

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.

- The provider acted within mental capacity legislation. Four people who used the service had assessments of capacity completed and DoLS authorised. Most staff had completed MCA training.
- Staff had a good understanding of consent and gave examples of how they ensured consent was obtained from people before carrying out tasks.

Adapting service, design, decoration to meet people's needs.

- The service was suitable for people's needs. Planning was underway as a response to a change in one person's physical needs. People had been supported to decorate and personalise their bedrooms in line with their preferences.

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; respecting equality and diversity.

- We saw the staff approach was caring and considerate.
- Staff communicated with people effectively and gave them time to answer questions. Staff used a range of communication techniques such as symbols and sign language.
- Staff were aware of people's physical disabilities and made adjustments such as ensuring enough space was available for them to move about safely.
- Relatives spoke warmly of the staff team. They said, "They are extremely caring" and "They treat them with respect." The two relatives spoken with described how staff had supported their family member to send them Mother's Day cards, which they were so pleased with.
- Health and social care professional all made positive comments about the staff approach. These included, "Staff have always been friendly and supportive. My client and staff members I have met with, know each other well. I do feel that they care about the people they support, and discussions are honest and open" and "On my visits staff have been professional and caring to all residents. I can see there is a nice bond and rapport between all staff and residents."

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

- Staff supported people to make their own decisions. People told us staff treated them well and they were able to make choices. They said, "I get cared for. The staff are very nice. They are all the same, all nice staff" and "I go shopping for food and clothes; staff help us to choose." A member of staff said, "Consent is gained by asking people, you can go back later and try again if they want to wait."
- Health and social care professionals confirmed people were involved in decision-making. Comments included, "The service users are encouraged to make their own decisions, advocating independent living skills."

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

- People who used the service were treated with dignity and respect. Staff had a good understanding of maintaining people's privacy and dignity. They said, "People may want time on their own, in their own bedroom. They have their own room keys. We always knock on doors and keep people covered during personal care."
- Staff supported people to be as independent as possible. Staff described how they encouraged people to complete household tasks such as cleaning their bedroom, sorting out laundry and helping to shop and prepare meals.
- Health and social care professionals said, "My client is supported to do some household tasks, which is what they want to do and are supported to maintain contact with family and friends" and "When I have asked the team to allow me some privacy to speak independently with the service users, this has always

been accepted, without question. I believe the service users are treated with dignity. This is evidenced in the way that the team interacts with service users on a daily basis. I have never felt there has been any cause for concern regarding staff attitude towards the people in their care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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's assessments and care plans contained person-centred information and referred to their preferred routines, and what and who was important to them. They gave staff information on how to meet people's needs. For example, one care plan described how the person was able to iron their clothes with supervision, how they communicated their needs and what they liked to eat for breakfast.
- The care plans were written in ways that supported the person to understand them and reflected their communication needs. For example, one person's care plan and risk assessments we looked at was written using Makaton symbols, which helped the person understand what was written about them.
- We saw various communication methods were used such as written and picture format menus, care plans in both word and Makaton (sign language) and a magnetic pictorial calendar board of people's activities. There was a 'sign of the day' displayed to help people who used the service and staff learn Makaton, so they could communicate with other people who lived there.
- In discussions, staff were clear about how they delivered person-centred care and described support to specific people. Comments included, "It is all about the client, their likes and dislikes. They all have different needs" and "We ensure there are choices for people and they are able to make decisions as much as possible."
- Relatives told us staff were responsive to people's changing needs. Relatives said, "I've seen their care plan and we have reviews yearly. They write the care plan in Makaton so [Name] can contribute" and "They always let me know what was going on. When [Name] went into hospital [Name of staff] went as well and stayed with them. There was a big bond between them."
- Health and social care professionals said, "All residents are treated to their individual needs. There are no major examples, but I know the staff approach is very person-centred", "There is a very person-centred staff team, quick to respond to any health needs and they have worked really hard with [Name] to reduce levels of anxiety over time" and "Any issues are dealt with accordingly via GP and community mental health teams. I am kept informed if I am supporting a resident with changing needs."
- Staff supported people to participate in a range of meaningful activities. These occurred within the service such as household tasks, shopping, preparing meals and tidying their bedrooms. Other activities arranged included games, BBQs and craft work. There were also planned activities in the community such as aerobics, bowling, discos, pub outings, cinema and swimming. People were supported to meet up with their friends, attend day centres and have friends for tea. People were supported to keep in touch with their relatives and visit them. Holidays and day trips were arranged, and the provider gave a specific budget for each person per year for activities.

End of life care and support.

- Staff supported people to remain at Link House for end of life care. The registered manager and a relative described the way a person was supported to have caring and compassionate end of life care. Health

professionals were involved in the person's care and treatment. The care plan for the person referred to detailed end of life wishes, which included songs and readings for their funeral service, and where they would like their ashes to be placed. Staff supported the person to draw up a 'wish list' of things they wanted to do whilst they were still able, and we saw most of these had been achieved.

- A discussion with the relative confirmed the person's wishes were carried out. They said, "I couldn't wish for anything better. They genuinely cared for them." They confirmed they continued to be supported by staff and received communication from them. The staff received a very complimentary card from the person's relatives following their death.

- A health professional said, "End of life care is provided. I am aware this was done with dignity for the person and other residents were supported well through the difficult time."

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure to guide staff in how to manage complaints and concerns. This included acknowledgement and investigation timescales. The complaints procedure was available in an easy to read version.

- People told us they knew how to complain, and they would be listened to. One person said, "If you have problems, they speak to you. If I was worried, I would tell staff or [Name of registered manager]." A relative said, "We've got to know staff and would chat about concerns – yes, we would raise complaints if necessary."

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 with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider's statement of purpose demonstrated there was a culture of putting people first, respecting their diverse needs and creating opportunities for new experiences. We saw that this happened in practice. A member of staff said, "Our aim is to support people to be as independent as possible and live a fulfilled life."
- The registered manager considered the range of needs people had when planning and delivering care. For example, people had care plans completed in consultation with the person, their relatives, staff and health professionals.
- The registered manager was aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was an organisational structure, which consisted of the provider's nominated individual, a general manager and location support managers. This provided tiers of support for the registered manager and the staff team at Link House. Staff told us they were well-supported by the management team. Comments included, "Yes – they [registered manager] are very supportive and you can go to them with any problems. They would take action. They are approachable and always have everybody's best interest at heart" and "The general manager is approachable. Location support come around to see clients, they check client meeting books and would help if we are short-staffed."
- The registered manager and team leaders carried out checks within the service such as the environment, care plans, hot water outlets and cleanliness. The location support managers completed monthly audits of the service. Any shortfalls were addressed in action plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People who used the service and their relatives were involved in decisions about the service and their views were obtained from meetings and questionnaires completed in an accessible format. We saw records of meetings included discussions about activities, menus, fire safety and whether people had any complaints.
- People had reviews of their care and relevant people were included either in attendance or consulted via the telephone. A relative said, "This is very much their home. When [Name] visits at weekends, they are always ready to go back and that is a good sign."
- There were staff meetings to share ideas and make suggestions. Staff confirmed these meetings took

place monthly.

Continuous learning and improving care; Working in partnership with others.

- There were very few accidents in the service, only one in 2018 and two in 2019. Those that did occur were recorded and measures taken to reduce the risk of reoccurrence such as updating people's care plans and risk assessments.
- Health and social care professionals told us staff had developed good working relationships with them. Comments included, "The registered manager is very approachable and responds well to things. There seems to be consistency of management and policies and procedures are upheld" and "I believe the service is well-led."