

# Linkage Community Trust Limited (The)

# Linkage Community Trust

## 168 Wetmore Road

### 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

We inspected this service on 9 January 2017 and the inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our previous inspection on the 16 October 2015 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. This was because they had failed to act in accordance with the Mental Capacity Act 2005 Act where people were unable to give consent to care and treatment. The provider sent us a report in December 2015 explaining the actions they had and were taking to improve. At this inspection, we found improvements had been made,

The service was registered to provide personal care for people. At the time of our inspection six people with a learning disability were supported by the provider within their own home.

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.

Staff had knowledge about people's care and support needs to enable support to be provided in a safe way that minimised any identified risks. Where people's movements were restricted to maintain their safety, we saw that assessments had been undertaken to ensure the least restrictive methods were used in supporting the person.

People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. There was sufficient staff available to support people and they were supported to take their medicine as prescribed.

People received support from trained staff. The staff received support and supervision, to monitor their performance and develop their skills. Staff knew about people's individual capacity to make decisions and understood how to support people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. The provider included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

## 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.

People were protected by staff that understood their responsibilities to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. People were supported, when needed, to take their medicines as prescribed. The recruitment practices protected people because they checked staffs suitability before they commenced employment.

### Is the service effective?

Good ●

The service was effective

People were supported to make decisions in relation to their care and support and were supported by staff who received training to meet their needs. People were supported to eat and drink enough to maintain their health and accessed health care services as needed.

### Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported to make choices and develop their skills to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the

planning and delivery of the support they received. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and their representatives.

**Is the service well-led?**

**Good** ●

The service was well led.

People were supported to share their opinion about the quality of the service to enable the provider to identify and make improvements where needed. Staff were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

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### **Detailed findings**

## Background to this inspection

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

This inspection took place on 9 January 2017 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We also spoke with the local authority that provided us with current monitoring information. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this to formulate our inspection plan.

We spoke with four people who used the service and one relative. We observed how staff interacted with people who used the service. We spoke with the registered manager, one of the deputy managers and three care staff. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person told us, "The staff are nice to me." Another person told us "The staff are okay, if someone did something I didn't like I would tell the staff, they would sort it out." We saw that people appeared relaxed with the staff that were supporting them and had a good rapport with them. This showed us that people felt comfortable with the support they received.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "We have the safeguarding procedure and a useful numbers book which includes the local safeguarding number in case we need it, but normally we report to the manager or one of the deputies." Another member of staff said, "We have information about whistleblowing so that we can report any concerns. I wouldn't hesitate to use it if needed and I am confident they would be taken seriously." We saw and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions that were needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. For example, we saw that one person had been supported by staff to access a community activity of their choice independently. This had been achieved by staff initially working with this person to familiarise them with the public transport route until they were confident to do this alone. We saw that further support was being provided to enable this person to visit their relative independently. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported staff to understand the actions that would be required. Staff we spoke with demonstrated that they had a good understanding of the support each person would need in the event of an emergency evacuation.

People told us there were enough staff to meet their needs and supported them as agreed. One person was supported by a member of staff to a health care appointment on the day of our visit. Another person told us about the places they liked to visit and told us they went with the staff or their relative. The registered manager told us that staffing levels were determined according to the needs of each person and the activity they were undertaking. Staff we spoke with confirmed this. One member of staff told us, "The number of staff depends on each person's support needs. Some people need more support than others, some need extra support if they go out so we adapt according to what they are doing." We saw that people were supported to maintain as much independence as possible. One person told us, "I have some support with

my medicine but there is quite a lot I can do on my own as well." This showed us that the staffing levels were maintained in accordance with each person's needs.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. We saw that assessments were completed to determine the level of support each person needed to take their medicine. This enabled staff to support them according to their needs and maintain as much independence as possible. We saw that where needed people were supported by staff that were trained to administer medicines. A medicines administration record was kept for people and we saw that staff signed when it had been given or if not, the reason why. Staff checked the balance of medicines for each person before each administration. One member of staff told us, "It's a good system because if there are any errors we can identify then quickly and take the right action." This showed us that a clear audit trail and procedure was in place to monitor when people had taken their prescribed medicines.

## Is the service effective?

### Our findings

At our last inspection visit we identified concerns where people were unable to give consent to care and treatment. This was because we identified restrictions on people's movements which may not have been the least restrictive way of maintaining their safety. We also identified that some people were supported to make decisions through a deputyship but the paperwork to demonstrate this was not in place. These issues constituted a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 people 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 when this is in their best interests and legally authorised under the MCA.

At this inspection visit we found that the provider had taken the correct action to ensure that the least restrictive measures were in place. We saw that the local authority had been involved in assessments to ensure people's movements were not unnecessarily restricted. Information was available that confirmed when family members had been appointed a deputyship and the decisions they were authorised to make on behalf of the person.

Staff we spoke with understood about people's capacity to make decisions for themselves. One member of staff said, "Some people need support to make decisions which might be visual cues or speaking in short sentences and giving them time to process what we've said." Another member of staff told us, "There are some areas where people don't have capacity to understand certain things. We then support them in their best interests." We saw that staff used pictures and signs to help people to make their own decisions when required. We saw that people's capacity to make their own decisions had been assessed and guidance was in place to assist staff in using the approach that suited the person.

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. One person's relative told us, "The staff seem very competent; they know [Name] well. I have no concerns." Staff we spoke with had a good understanding of people's needs and the support they required and we saw that they were able to support people effectively. Staff confirmed they were provided with training on an ongoing basis and the records we looked at confirmed this. One member of staff told us, "The training is very good, if there is any additional training we feel would help, we just ask and it's organised for us." We spoke with a member of staff who was undertaking their induction. They told us, "I am currently doing the care certificate, everything is signed off as and when I complete it. It's good, very thorough." The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff confirmed they received supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "We have regular one to ones and



can request extra ones at any time if we need them." This showed us the staff were supported to meet people's needs.

People were supported by staff to choose and prepare meals according to the level of support they required. One person told us, "The staff support me making my tea every day." Another person said, "I go to the shops to buy food with the staff." People were supported to maintain their nutritional health. The support plans we looked at included an assessment of people's nutritional requirements and their preferences. For example one person due to their health condition was encouraged and supported to maintain a healthy diet. Another person had been supported to lose weight; they confirmed they were pleased with their achievements.

Discussions with staff and records viewed demonstrated that staff supported people to maintain their health care needs. One person told us, "If I am poorly I go to the doctors with the staff." We saw one person return home. They told us the staff had supported them to attend a hospital appointment. Health action plans were in place which are personal plans to support people to stay healthy. We saw that people were offered annual health checks to monitor their health and well-being, along with other scheduled health appointments. Referrals were made to health care professionals and the community learning disability team as needed. Hospital passports were in place to support people if they went to hospital. This was to ensure the person could be supported in an individualised way.

Staff confirmed that they were provided with training regarding people's health care needs. One member of staff told us, "We identified that training in supporting people with dementia would be helpful and understanding about arthritis and we got the training." This enabled the staff to support people with their health care needs.

## Is the service caring?

### Our findings

There was a positive relationship between people and the staff that supported them. Discussions with staff demonstrated that they knew people well and understood their likes, dislikes and preferences. One member of staff told us, "You build up a relationship with people, they become like family." People confirmed that they liked the staff. One person told us, "The staff are nice; it's very nice living here." Another person said, "I get on with the staff and they get on with me." Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding their interests, the people that were important to them in their life and their likes and dislikes and their daily preferred routines.

Staff understood people's method of communication and this was recorded in their support plans; for example, some people used pictures, signs and gestures. This enabled people to make decisions about their life and showed us that staff worked with the people to understand their choices.

The support provided to people promoted their independence. One member of staff told us, "We work with people to promote their independence and achieve their goals." We saw that people had set themselves goals with staff support. One person told us how they were working towards their goal of budgeting independently and told us the staff were supporting them to achieve this.

We saw that people's right to privacy was observed. Staff waited to be invited in to people's homes and ensured that when people were receiving personal care this was done in private.

People told us that they were supported to maintain relationships with significant people who were important to them. One person said, "My sister is coming today and we are going out, I am going to have a hot chocolate. I like going out with my sister."

## Is the service responsive?

### Our findings

We saw and people told us that their views regarding what they would like to achieve had been sought and a plan developed to help them achieve these. For example, managing their medicines independently, accessing local community facilities independently and finding employment.

Some people attended college and people participated in range of activities that suited their choices and preferences. One person told us they liked to go to garden centres and go shopping with staff support. Another person enjoyed swimming and karate. People were supported to make choices on a day to day basis about how they spent their time. For example one person said they did not want to go the library as planned, as they were tired. We saw that the staff member supporting them respected this and checked with the person if they wanted to go for a lie down. Another person told us they were 'catching up' on their favourite television programmes. We saw from their support plan that this was an important activity for them which they enjoyed.

People confirmed that staff went through their support plans with them to ensure they were in agreement. One relative told us, "The support is very good and tailored to suit [Name] and the things they like to do". We saw that support plans were reviewed and updated as needed to ensure the information was up to date.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns; we saw that when people raised concerns these were taken seriously and investigated. A complaints procedure was in place and this included a pictorial format to support people to raise any concerns they had. We saw a system was in place to record complaints received and the actions taken and outcome.

## Is the service well-led?

### Our findings

There was a registered manager in post. People told us they liked the staff and knew who the manager was. One person said, "The manager is a nice person." A relative told us, "I have no issues with the service, it is very good and as a family we are kept up to date with everything." Staff told us they were supported well by the registered manager and management team. One member of staff said, "The management is very good, very approachable. The office is next door and there is an on call for out of office hours so we can get advice and support if needed."

Annual satisfaction surveys were sent out by the provider across the organisation to people that used the service and their representatives. We looked at the results of the 2016 survey and saw that positive feedback had been received. The registered manager confirmed that they would be informed by the provider if any areas for improvement were identified. People's views were also sought through monthly tenants meetings, where people talked about any household issues and discussed activities they wanted to pursue. We saw that reviews were completed with people and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Regular audits were undertaken by the deputy managers, registered manager or other managers within the organisation, to check that people received good quality care. We saw that monthly audits of key records such as people's support records and risk assessments, environmental checks and health and safety checks were undertaken. Accidents and incidents and safeguarding were reviewed and we saw that where actions were identified these had been taken. For example errors regarding medicine management had been addressed through re training and staff supervision.

Team meetings were provided and staff told us that if they were unable to attend minutes were available to them. When staff were unable to attend they were required to sign the minutes to demonstrate they had read them. Staff confirmed that in addition to team meetings regular bulletins were sent out to keep them up to date with any changes.

The last inspection report and ratings were displayed in a conspicuous position at the office base in line with our regulations and on the provider's website. All information relating to people who used the service and the staff team was kept securely, to ensure that only authorised persons had access to records.