Linfield Care Limited

Linfield Care Limited - 37a-38a Eastgate Street

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 January 2016 was announced.

Linfield Care Limited provides personal care to people with learning disabilities in their own homes. There were 25 people using the service at the time of the inspection.

There was a registered manager in post . A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew what constituted abuse and who they should report it to if they thought someone had been abused.

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks. There were sufficient numbers of suitably trained staff to keep people safe. They had been employed using safe recruitment procedures.

Medication was administered by trained staff who had been assessed as competent prior to administering alone.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The provider worked within the guidelines of the MCA which ensured that people consented to their care, treatment and support with the support of their representatives if they lacked capacity.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and people knew how to use it.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people, which was kept up to date.

People were supported to eat and drink sufficient amounts to maintain a healthy lifestyle dependent on their specific needs.

When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring. Staff felt supported and motivated to fulfil their role. They knew how to whistle blow and felt assured that their concerns would be taken seriously.

The provider had systems in place to monitor the quality of 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 was safe. People were kept safe as staff and management reported suspected abuse. There were sufficient numbers of suitably recruited staff to keep people safe within the service. Action was taken to prevent harm to people following an incident that put them at risk. Systems were in place to ensure that people had their medicines safely.

Is the service effective?

Good

The service was effective. The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role. People were supported to eat and drink. When people required support with their health care needs they received it.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect and their independence was promoted.

Is the service responsive?

Good

The service was responsive. People received care that met their needs and their individual preferences. The provider had a complaints procedure and people knew how to use it.

Is the service well-led?

Good

The service was well led. There was a reregistered manager in post. Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

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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 the 5 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a community care service and we needed to be sure someone was available to support us.

The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

With their consent we visited two people in their own home, to gain their views on the service they received. We spoke with seven people's relatives. We spoke with five members of staff and the registered manager. We spoke with commissioners of the service and received information from the local authority quality monitoring team.

We looked at the systems the provider had in place to monitor the quality of the service, one person's care records with their consent, staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they felt safe and we saw they were protected from the risk of abuse. A relative told us: "The care is good and my relative is safe". Another relative said: "You get to know the carers really well, you build up confidence, and there is not a high turnover of staff." Staff we spoke with all knew the signs of abuse and told us they would report anything they suspected to a senior member of staff. The manager gave us examples of safeguarding issues that they had raised when they had suspected abuse. We had received notifications from the provider in the past informing us of safeguarding issues they had raised. A relative told us: "The care is good and my relative is safe".

Risks to people had been assessed and staff we spoke with knew the risks associated with the people they cared for. Where risks had been identified people's care plan described how care staff should minimise the identified risk for example supporting people who may be vulnerable through the use of social media. We saw that following an incident that could have resulted in harm to a person, a clear plan had been put in place with the person's agreement to reduce the risk of the event happening again.

There were enough suitably trained staff to meet the needs of people who used the service. Staffing hours were commissioned through the local authority based on people's individual assessed needs. Staff we spoke with told us that there were enough staff to be able to meet people's needs safely. Two people told us: "Yes there is enough staff, we get one to one time too, so we can do things alone".

Staff told us and we saw that safety checks had been undertaken prior to the person being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff was of good character. The DBS is a national agency that keeps records of criminal convictions. This meant that the provider checked staff's suitability to deliver personal care before they started work.

We saw that people had medication plans for staff to follow to inform them of how to support each person. Staff told us they had all received medication training and had been assessed as competent by a senior member of staff prior to administering medication alone. We saw systems were in place to monitor medication errors and action was taken to minimise the risk of the error occurring again.

Good

Is the service effective?

Our findings

A relative told us: "The carers appear to have the correct skills and knowledge to support people". Most staff we spoke with told us that they felt supported and received training to be effective in their role. New staff were automatically enrolled on the new care certificate which ensured they had the skills and knowledge to be able to fulfil their role. New staff had a period of induction and worked alongside more experienced members of staff until deemed competent in their role. Induction training mainly took place in the office environment however the manager told us that new staff had to be deemed competent in people's homes. For example supporting people with moving and administering people's medicines, staff would be observed and checked for competence.

The provider was working within the principles of the Mental Capacity Act when supporting people to make decisions about their care. People consented to or were supported to consent to their care by their legal representatives. The manager had discussed with the local authority the application of Deprivation of Liberty Safeguards (DoLS) within some of the supported living environments as they recognised that some people may be being restricted. The DoLS is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and supported living are looked after in a way that does not inappropriately restrict their freedom.

People were supported to access food and drink of their choice. The support people received varied depending on people's individual needs. Some people lived with family members who prepared their meals. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks. Two people had chosen to join a slimming club and had been successful in losing weight. Care staff had helped prepare the food following the guidance of the slimming group. A member of staff told us: "We always ask whether they want to remain on the healthy eating plan, but they are both happy to and love attending the meetings where they have made friends".

People were supported to have their health care needs met. One person had been showing signs of being unwell and staff had supported them to seek advice. They were told that there was nothing wrong, however staff persisted as they knew the person and recognised that they were unwell. Eventually the person was diagnosed with a serious illness. This meant that this person's health care needs were met with the support of care staff that knew them and knew the signs of them being unwell. When required, people had been referred to the speech and language therapist and the staff worked closely with the community learning disability team.

Good

Is the service caring?

Our findings

People and all the relatives we spoke with told us that they thought the staff kind and caring. One relative said: "Staff are very kind in the way they speak to my daughter; they are patient and understanding around her communication difficulties". Another relative told us: "Staff are very kind they know my son well, he is very much involved in decision making around care. We drive the service, we can flex the hours to suit, for example if a club is not on that week, we can reduce the hours".

A member of staff told us: "We work in people's homes and we mustn't forget that". We observed this staff member spoke with people in a dignified manner, offering them choices and reminding them it was their home and they were free to do what they liked.

Last year the service had won a 'Dignity in Care Award'. This year the manager told us that they had been invited to speak at the next 'Dignity In Care Awards' to describe what 'Dignity' looks like. Two people who used the service told us they were attending and presenting with the manager. The manager told us: "Who better to tell people what dignity means to them than people who use the service". This showed the manager was putting people who used the service at the forefront of how and why dignified care should be delivered.

Two people who used the service were involved in the interviewing and choosing of new staff. They had recently attended a day at the job centre with the manager to talk about working with them at Linfield. They had asked prospective new staff 'If you were my support worker, how would you support me?' This showed that people who used the service were involved in their care and support.

Good

Is the service responsive?

Our findings

People's individual needs were assessed and people's views were acted upon. Some people had felt the loss of the recent closure of day centres and had asked for the opportunity to meet together with their peers. The provider hired a church hall where people were able to meet and if they chose to staff supported people in activities and independent living skills such as cooking tasks.

People were supported by staff to engage in hobbies and interests of their choice. One relative told us: "[Person's name] is a social person; they are always out supported by the staff". Some people attended college and had work placements. Other people attended a community centre with other local people from the community. People participated in evening and weekend activities such as meals out, shows, cinema and other local events. Some people enjoyed using the internet and had their own social media account which staff had helped them set up. People's opportunities were based on their individual needs and preferences.

Some relatives we spoke with were concerned about staffing and the restrictions on people's lifestyle choices. The registered manager informed us that local authority assessments had taken place to identify people's individual needs in relation to staffing. The manager and provider were in consultation with the commissioners of the service to ensure that they were able to meet people's needs with the allocated staffing hours.

People who used the service who we spoke with told us if they had any complaints they would talk to the staff that support them. One person showed us that they had the phone number of the office if they needed to ring and speak to the manager. The provider had a formal complaints procedure which was available in an easy read format for people with communication difficulties.

Good

Is the service well-led?

Our findings

There was a registered manager in post. There was an operational manager and four team leaders had been recently recruited.

Most staff we spoke with told us that the management were supportive however some staff told us that the management didn't always get back to them in a timely manner. Two relatives told us that the administration of the service had appeared to decline over the recent months and management appeared too busy to respond. We discussed this with the registered manager who informed us that since the new management structure had been put in place, systems for reporting and support were still being embedded. They assured us they would reinforce this throughout the team through meetings with staff.

Staff we spoke with told us that they knew that if they had concerns about people and needed to whistle blow that the provider would respond and act accordingly. The provider and registered manager worked with other agencies to ensure that people received the care they required.

Systems were in place to monitor the quality of the service. These included analysis of accidents and incidents and regular audits. We saw that action was taken to improve if areas had been identified and staff performance was regularly reviewed and action taken to support staff to improve if necessary. People's views were sought through satisfaction surveys and we saw that staff checked they were happy with their care during regular reviews.

A social care professional told us: "I would not hesitate to recommend Linfield as a very professional and reliable provider of services for vulnerable adults" and "All recommendations are followed and any issues are dealt with very promptly".