

Linkage Community Trust Limited(The)

Community Support

Services

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

Community Support Services provides assistance and personal care to people who experience needs mainly related to learning disabilities and who live in their own homes. People receive varying amounts of support depending on their particular needs. The service has its office close to the centre of Mablethorpe and it covers the surrounding towns and villages.

We carried out this announced inspection on 20 and 21 July 2016. At the time of our inspection 54 people received care under the regulated activity of personal care.

There was an established 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.

People were involved in making decisions about how they wanted to be supported and how they spent their time. Staff were caring, compassionate and positive working relationships had been developed between staff and the people who used the service. These relationships were being consistently maintained and people were treated with kindness, compassion and respect.

New staff were recruited safely and staff had all of the knowledge and skills they needed in order to care for people in the right way. The registered persons had consistently provided staff with the guidance and training they needed and there were enough staff available who were deployed in the right way to meet people's care needs.

Staff had a good understanding of how to manage risks and protect people from avoidable harm. They also knew how they would report and follow up on any concerns they identified regarding people's safety.

The registered manager had ensured there were clear arrangements in place for ordering, storing, administering and disposing of the medication people needed. Staff's competency to safely support people to take their medicines was regularly checked.

People had been consulted about the care they wanted to receive. In addition, care was always assessed, planned and delivered in a consistent way.

The registered persons and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People were supported to share their views and opinions and were involved in planning and reviewing the arrangements for the care they received. People and their relatives also understood how to raise any

complaints or issues they had and were confident the right actions would be taken to resolve them.

Arrangements were also in place to enable staff to share any ideas they had regarding the development of the service and to raise any concerns they had direct with the provider so these could be responded to in the right way.

The provider had completed regular quality checks together with the registered manager to make sure that people received the care they needed in a consistent way. These checks included a range of effective audit systems which ensured the service was continually monitored. This was so that any changes or improvements needed could be identified quickly and acted upon in order to keep improving the quality of the services they provided.

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.

Staff understood their role in relation to safeguarding procedures and knew how to act in order to keep people safe from harm.

There were sufficient staff employed by the service to enable them to care for people safely.

The registered manager's approach to identifying risk was consistent and their responses and management of risk helped ensure risks identified were minimised.

People who needed staff assistance to take their medicines were supported safely to do this.

Is the service effective?

Good ●

The service was effective.

Staff had received all of the training and support the registered persons said they needed to carry out their roles.

People had been supported to eat and drink enough to keep them healthy and staff helped to ensure people had access to any healthcare services they needed.

The registered persons and staff were following the MCA.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully and as individuals by staff who were aware of people's choices and care needs and how these should be met.

Staff recognised people's right to privacy and promoted people's dignity.

The registered persons and staff maintained people's personal information in a way which ensured it was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People were consulted about their needs and wishes and were fully involved in planning and reviewing their care.

People were supported to pursue all their community interests and hobbies.

People knew how to raise any concerns if they had and the registered manager had arrangements in place to respond to all concerns and more formal complaints in the right way.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post and staff were well supported in their roles.

Systems were in place to consistently and effectively assess, monitor and audit the quality of the services provided.

People, their relatives and staff had been asked for their views so they could be taken into account as part of the on-going development of the services provided.

Community Support Services

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.

Before the inspection we sent out questionnaires to people who used the service, relatives and staff to ask what they thought about Community Support Services. 27 completed questionnaires were sent back to us by people who used the service and 20 were returned by staff employed by the service. We reviewed these responses together with information we held about the registered provider and which the registered persons had sent to us. This included the Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also took into account the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We completed our inspection on 20 and 21 July 2016. We gave the registered persons a short period of notice before we called to the service. This was because people who used the service benefited from knowing that we would be carrying out our inspection and because we needed to be sure the registered manager would be available to speak with us. The inspection team consisted of a single inspector.

During our inspection six people visited the office to meet and speak with us to give us their feedback about the help they received. We also arranged to visit one person who was receiving personal care support in their own home. When we arrived to speak with the person they told the community support manager who we went with that they did not want us to visit them in person. However, they said were happy to share their care record with us and said they were happy for us to speak with the registered manager and staff who supported them about how their care was provided. We also sought permission to speak with and made

contact with a three other people who used the service by telephone to ask for their feedback about the services they received.

The registered manager, a deputy manager and two community support managers who managed the day to day support provided were available during our inspection and we spoke with them about how the service was managed and being further developed. We also spoke with nine community support workers who provided support to people. In addition we received feedback from a healthcare professional about their view of the services provided.

We looked at four care plan records related to the care people received. A care plan is a document which details people's assessed social and health care needs and informs staff how to meet those needs. We reviewed a range of records relating to how the service was run. This included; the registered provider's statement of purpose, procedures related to how people were supported with their medicines and information relating to staff such as rotas showing how staff were being deployed. We also checked three staff recruitment records, records related to the supervision and training support arrangements in place for staff. In addition, we looked at records which related to how the service was managed including the registered manager and provider's quality assurance processes.

Is the service safe?

Our findings

People told us they felt very safe when they received help and support from the care staff who worked for Community Support Services. One person said, "I know my carers. Their calls keep me safe and I like to see them. Another person said, "They look after me even when they don't visit because I know I can call them. It helps me feel safe knowing they are there."

Staff we spoke with also told us that if anyone was unhappy about their care or was worried they would quickly be able to identify this when they visited or when they spoke with them by telephone because they knew the people they supported well. Staff were clear about who they would report any concerns to and were confident that any issues related to people's safety would be investigated fully by the provider. Staff said, and records showed, that they had received training in how to keep people safe and there were up to date policies and procedures in place to guide staff in this area. Staff were also able to describe the processes for reporting any concerns they had externally at any time it was needed. This included reporting direct to the local safeguarding authority, the police and the Care Quality Commission (CQC). Where issues of concern had been identified the registered manager and staff had acted quickly to respond and provide information to and work with external agencies in order to maintain people's safety.

Staff told us about, and care records showed risk assessments were in place for staff to follow to ensure people's personal safety needs could be met when they provided care in people's homes. For example, a staff member told us about one person who needed additional support to manage their epilepsy and how they checked on and supported the person to wear the special equipment they needed to keep them safe. The registered manager told us some people had asked staff to keep them safe by accessing their home using keys which were securely stored in key safes at the person's home. Other people liked to manage their own keys with one person adding, "I don't have a key safe but I have a spy hole on my door and I know that if I don't know the person when I look through it I don't let them in!"

Staff also took action to minimise any risks associated with supporting people when they went out into the community either on their own or together with staff. For example, one person told us they needed the support of a staff member when they went out to the gym in order to feel safe and this was always given. Another person said they always carried their mobile telephone with them and arranged to call staff if they were going to be out late. The person said, "I like to go to the pub on Friday's. If I choose to stay later I call when I get back home to let them know I am safe." These arrangements were supported by the provider issuing guidance for staff to follow, including a missing person's protocol.

The registered manager told us that support in ensuring staffing levels were maintained at the levels people needed was provided by the two locality managers who managed the day to day rotas and the deployment of staff. Care records and rota information showed the registered manager had identified the support each person needed, calculated how many staff were required and had agreed the necessary funding on an individual basis with the relevant local authorities. Staff rotas had been put together so staff knew when they were expected to work. People were offered the opportunity to have a copy of their personal rota for their own reference so they could see when their visits had been planned. One person told us, "I have just

called in to pick up my rota. It says who is coming and at what time. If it changes they talk to me about it and I like it." People told us that if care staff were running late they were always told. One person said, "They change things now and then but always help to tell me." Another person commented, "Sometimes they are a bit late or they send someone different to see me but they always say sorry and tell me. They are great." All of the people we spoke with said that if there was a change in regard to the care staff member who usually visited them they always knew the staff member who was providing cover.

Staff we spoke with and survey feedback we received from people and staff confirmed that on occasion's the service had experienced some difficulties providing all the care which had been scheduled, for example if staff had been unwell and unable to work at short notice. The registered manager confirmed when this had occurred care calls had been prioritised so that people were safe and their essential care needs met. The registered manager also told us that any support time which had not been delivered was then saved for the person so they could use it a time when it was convenient for them. People we spoke with confirmed this. In addition the registered manager confirmed they had not needed to use agency staff because they had employed an established team of bank staff. This meant that wherever possible they could cover changes to the rotas, for example due to staff illness or holidays with minimum disruption in consistency for people.

At the time of our inspection records showed that the number of staff on duty matched the level of staff cover which the registered manager said was necessary to support people safely.

Staff told us and records we looked at demonstrated the registered provider had a safe staff recruitment process in place. The registered manager showed us information which confirmed relevant recruitment checks were always completed before any new staff member started to work for the service. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported by staff who had been trained in medicines administration. Staff had their competency to administer medicines regularly assessed as part of the on-going training and supervision arrangements in place and we saw records of medicines administration had been accurately completed. The registered manager told us that people were supported to take any medicines they needed in line with the provider's policy and procedure on the administration of medication. Staff were able to tell us how people were supported with their medicines including where required ensuring people had access to their medicines when they went out in the community to undertake activities or to visit their relatives. One person said, "I like being active and go out a lot. I have diabetes and the care staff remind me to take my medication and do my checks. This keeps me safe." Regular record checks were completed by staff to ensure people were supported to take only the medicines which had been prescribed. Staff said that any issues identified by them were recorded and reported to the registered manager immediately. We saw medication audits were completed regularly by senior staff and any actions followed up by the management team in order to keep people safe.

Is the service effective?

Our findings

During our inspection visit we saw people coming and going to the service's office to either collect copies of their rotas, to update staff on an activity they were undertaking that day or just to say hello to the staff team. Through the interactions we observed we could see people were supported by staff who knew people and their support needs very well. One person said, "They help me get my meals ready and remind me when I need to take my medicines. I look forward to them coming. They are a good guide for me and they know how I work."

The registered manager and staff told us when staff had started to work at the service they undertook a structured induction programme which was based on the provider's learning and training systems. Staff told us about their induction and said that it enabled them to do their jobs effectively. They said during this period they had access to shadowing opportunities with more experienced staff which involved meeting all of the people who used the service. They said this helped people and staff to get to know each other and that if changes were needed to the planned rotas people would know the staff member who provided cover. Staff said that if they were ever asked to visit a person they were not familiar with the person was told as soon as possible and they were given a full briefing about the person and their needs. People confirmed this and one person said, "Things change around and I get different support workers but it is okay I mostly know them all." A staff member told us, "My induction was really well organised. I met all of the service users during the process. I felt well supported and still do." The staff member also told us, "I also completed the Care Certificate as part of the induction. It was really interesting and I know all new staff have to do this." The Care Certificate sets out common induction standards for social care staff. Staff also said senior staff or the registered manager had carried out a minimum of six supervision meetings a year and staff had either completed or were due to have an appraisal to check their on-going learning and development needs.

Staff said that they had access to regular training and updates so they could keep developing their skills. Training records and information we looked at confirmed staff were supported to receive training specific to their roles and the people they supported. This included subjects such as, moving and handling, supporting people with a learning disability, epilepsy and autism awareness training. Staff also told us and records showed staff were supported to undertake nationally recognised qualifications.

Staff told us how they applied their skills and gave us examples of how they helped people to maintain their independence with their personal hygiene, move around safely with help when needed and that they checked people were taking their medicines on time. One staff member told us how they helped one person identify the clothing they wanted to wear and offered any support the person needed to dress and keep their homes tidy. Other examples included assisting people to maintain their health by eating and drinking enough to keep well.

Staff told us they always worked to help support people to be as independent as they wanted to and could be and that this support included helping people at meal times. Some people lived with family members who prepared meals together with them. Other people told us they could make their own meals at the times they wanted them. They also said that staff helped them plan their meals. One person said, "We make my

dinners in advance and I keep them in my freezer so I can get them when I want."

Staff were provided with food hygiene training as part of their induction and staff told us they had access to gloves and aprons to help them to keep things clean and if needed when they handled food. Care records included information about any food allergies people had so they could be supported to avoid any foods which might have a negative effect on their health. For example we saw one person needed a gluten free diet and they were given help to maintain this. In addition people were supported with any cultural needs related to their diet. One person had chosen to eat halal meals as part of their religious need and this had been fully supported. These approaches ensured people they supported ate and drank sufficient quantities to keep them healthy.

The registered manager and staff had been trained in, and showed a clear understanding of, the Mental Capacity Act 2005 (MCA). This 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.

Staff we spoke with told us they understood people's needs and that they used this knowledge to make sure that the care provided was what they wanted. They also said and records confirmed care was only given with the person's agreement. When they first started using the service, staff had assessed each person's capacity to consent to their care and support and this information was understood by staff and reflected in their practice. We saw that decisions people could make for themselves had been recorded and regularly checked as part of the on-going assessment and review of the care arrangements in place. The person's plan contained information showing their views had been considered and acted upon. Where appropriate, decisions that had been made in the person's best interests had been determined using information from families, health and social care professionals, staff and the registered manager. Where relatives were involved in making decisions for people this was also recorded.

People and staff told us people were regularly supported to access social and health care professionals when it was needed. Care and contact records we looked at confirmed this. The information showed that when it had been needed people were accompanied to any appointments they had. For example, one person told us how they had been supported to visit their dentist because they did not like going alone. People also told us they had their own health information card so that they could take key information about their health needs with them when they went to hospital. We saw how and when referrals to external professionals had been made and how these were followed up. One person we spoke with told us, "I have loads of hospital appointments and when I get the letters they help me read them so I don't miss any." A healthcare professional told us they always found the service helpful and supportive and that the staff they met with were, "Patient focused and flexible to meet patient's needs." They also commented that, "When we have healthcare reviews people are always accompanied by staff who know them well. This helps with communication and overall outcomes."

Is the service caring?

Our findings

People told us staff were very caring. One person said, "They care about me as a person and that's the most important thing I like." Another person said, "They are friendly and chat with me not just care."

The provider had produced a statement of purpose which included a range of aims and objectives which the registered manager and staff worked within. We saw the document emphasised the importance of staff respecting people's rights to making choices and have their dignity and privacy respected as individuals. When we spoke with the registered manager and staff we noted they knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could co-ordinate and complement each other's roles and work together as part of the overall care being provided.

Staff we spoke with gave some examples of what respecting people's privacy and dignified care was. Examples included always knocking on people's doors and waiting for an answer before they entered, ensuring people's curtains and doors were closed when they wished them to be and allowing people privacy to complete their personal hygiene. In addition staff received support to develop their awareness and understanding of equality and diversity. This was through specific training and also through staff having access to information, including a further education and equality briefings on the subject. We saw the briefing for July 2016 which included information and computer links for staff to access to keep developing their knowledge in this area. Staff told us how they applied this learning. One staff member said, "It is about respecting people as individuals and treating each person as they would wish to be and not always all the same." Another staff member said, "I am privileged to go into people's own space and I always respect the person and also the space around them. It's their home and I behave as a guest in their home rather than a worker."

When we asked people about their care plan information they told us in addition to the needs they had the plans helped to emphasise the things they could do for themselves. The information had been personalised and written in people's own words. One person said, "The care I need was agreed together with me and I signed it to say what I can do myself." Another person told us, "The care is all written in there but it means I can do the things I want."

We saw that people's care records also included a record of people's achievements. This information was used to inform the on-going planning and involvement of people in the development of their skills and independence. For example, information showed people were helped to budget and manage their own finances. The registered manager and people told us that people could change or cancel their support calls if they wanted to do something and didn't want to wait in for their call. The arrangements were kept flexible in this way so people could save and use their allocated hours when they wanted to. The registered manager showed us they had written to all of the people who received support to confirm how and when they needed to tell the staff about any changes saying, "This is key to helping keep people in control of their lives."

People were able to read their plans and day to day records at any time because they had their own copies

at home with them. When requested or identified as needed people were offered easy to read care records which contained straightforward information for people to refer to about the levels of support and care agreed.

Staff told us they had received guidance from the provider about how to correctly manage confidential records. Staff told us how they worked in line with the provider's policy and procedure regarding confidentiality and understood the importance of respecting private information. They said information about the support they provided was only ever disclosed to people such as health and social care professionals on a need to know basis. People had control over their own care plans and kept them with them at home. Computers used to manage people's private information, which included copies of back up care plans were password protected so that only the services managers and appropriate staff had access to the information stored. Any additional hard copy information records were kept in locked storage in the provider's main office. In this way people's care records were stored securely and confidentiality was fully respected and maintained.

The registered manager told us that people were always supported by staff and the review systems they had in place to express their wishes and views at any time. Some people received additional support from family members and friends to do this. In addition the registered manager and staff had developed links with local lay advocacy services so they could provide additional guidance and assistance for people when this was needed. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. The registered manager told us that a number of people had been supported to use advocacy services and that one person had used advocacy support to help them to make their own decision about where they wanted to live.

The registered manager also told us and records showed people had been supported to consider any arrangements or wishes they wanted carried out at the end of their lives. The registered manager showed us they had introduced a section in the care plan called 'celebrating my life.' The information in the documents people had chosen to complete confirmed if they had any religious needs and described any favourite music people had chosen and words they wanted to be read out for their chosen service. This also included any information regarding solicitors people had wanted to be involved in helping them create a will. The registered manager told us about how two people had been supported to make a will with help from other external professionals and lay advocacy services.

Is the service responsive?

Our findings

People told us the support they received from staff was always delivered in the way they wanted it to be. One person said, "The help I have is good. They ask me before they do things and I say yes or no." Another person said, "The staff are friendly and I know them all. I like to know what I am doing and they are there to get me going."

People told us and the registered manager and records confirmed people had worked with staff to complete an assessment of their needs before any care was started. Once the assessment had been completed a care plan was created which people kept at their home for staff to refer to when they visited. One person said, "I have a good plan. The staff look at my notes if they need to but we both know what's needed."

Information available in care plan records showed the registered manager and staff had taken time to work with people, their relatives and other significant people in order to obtain relevant information and to learn about people's life histories and backgrounds. They said this information was important so they could gain an individual understanding of what was really important to each person.

Staff we spoke with consistently referred to people's right to make their own minds up about what they wanted to do and to support any changes they wanted through the providers review process. Staff told us and records confirmed people's care plans were formally reviewed and updated regularly in line with any changes requested by people and discussed together with staff. The records were then updated on the care records review 'focus' page and signed by the person to show they agreed with the changes proposed. The registered manager told us how during a recent review one person had decided they wanted to lose weight and attend a slimming group. Through the person's agreement their support call times were changed to enable them to attend the group. Another Person told us how they worked at a café and to support their working times their care worker visited them later when they got home.

When it had been needed behaviour support plans had been agreed together with people which focused on promoting the person's independence whilst maintaining their positive behaviours. Proactive rather than reactive strategies had been applied so staff noticed quickly if people were getting upset. For example, one staff member told us how they had worked together with the provider's behaviour consultant and one person to devise a way of communicating with and in turn supporting them to meet their needs more effectively. They told us with the persons agreement they contacted them by telephone before each visit so the person was reminded about the plans for care and was much calmer and reassured. The staff member also said that the person did not like their belongings moving around and could get upset if this happened. They said, "We know the triggers to look for when we support [the person] and we make sure all support is checked before we do anything so they are in full control."

We also saw and staff told us that they supported people to maintain links with the local community such as going out for meals, to concerts, football matches and on day trips and planned holiday's together with staff. One person told us how they were supported to maintain their interests and regularly went shopping locally and swimming with staff support. Some people had chosen to develop their skills through further education and attended college courses and work placements.

The provider produced a quarterly magazine called 'Linkage News' which was available to all of the people who used the service. We looked at the latest summer 2016 edition. In addition to key contact information for the provider the magazine included contributions from people who used services, information about community events and developments the provider had recently undertaken. For example, in June 2016 this had included the introduction of a Linkage community sensory library, which offers a library of free resources for people to access from three sites in Lincolnshire and North East Lincolnshire.

In addition to the information and guidance people had access to about the services provided, guidance was available to people about how they could raise any questions, concerns or more formal complaints about the support they received. This was by their preferred means of communication and also with support from staff. When concerns had been raised with the provider they undertook responses which included meeting with people to go through the concerns and to listen. They told us and records confirmed how one person who raised concerns about their support was supported to have discussions with the operational director and that these discussion helped fully resolve the issues they had raised.

Records showed there had been ten formal complaints received by the service during the last year, which had been responded to in line with the provider's complaints policy. At the time of our inspection the registered provider confirmed that there were no outstanding complaints.

Is the service well-led?

Our findings

When we asked people for their views about the way the service was run one person said, "I feel very happy to come to the office. I get on with the manager. We all do. She is nice with the other managers" and "Things are organised well." Another person fed back to us that, "Linkage have been very good to me as they have supported and guided me for many years, professionally and personally."

The service had an established registered manager in post who confirmed they were well supported by the registered provider to carry out their role and responsibilities. In order to manage the service effectively the registered manager was supported by a management team consisting of two community support managers and a team of deputy managers and other senior staff.

People we spoke with told us said they knew who to speak with when they needed to check any of the care arrangements in place or had a general query. They said the service was managed well and comments we received ranged from, "The staff follow what the manager says" to "The manager and staff work together like friends with me" and "I would like to say they are my best help."

The registered manager told us and staff we spoke with confirmed they had good access to a range of up to date information and guidance which had been produced by the provider and covered the principles and values of the service. Staff we spoke with clearly demonstrated their understanding of these values through their description of the behaviour that was expected of them and the support they provided to people.

There were clear communications systems in place to make sure the provider, management team and staff worked well together. Records we looked at and staff we spoke with confirmed staff meetings were held regularly together between staff groups who worked together and covered specific geographical areas. Staff said this helped to ensure the information discussed related to the people they supported. We saw records for the meetings held in May 2016 and June 2016. Common themes discussed and which staff said they were encouraged to think about and feedback on included, staff deployment, and specific issues related to the support needs of people and any additional staff training needed to meet that need. For example, it had been identified that two people would benefit from staff having assisted sign language training.

In addition to these meeting staff told us about a monthly bulletin they received from the provider's chief executive officer about how they wanted services to keep developing and inviting them to feedback their thoughts and ideas so they could contribute to this process. For example, in the May 2016 bulletin staff were asked to think about the development of a set of new core values for the provider and that the chief executive had been attending team meetings in order enable staff to contribute to and help shape the providers thinking about these changes. One staff member we spoke with told us about the provider's chief executive officer's visit to their team saying, "They were really positive and hands on and listened to us. We are all thinking about our values and what we would like them to reflect." Another staff member commented, "I understand the Linkage philosophy and it is all based on choice for clients. Choice is the key."

Staff also told us they also had access to the provider's internal intranet. This contained electronic information and guidance related to their roles. In addition to their corporate policies and procedures the information included good practice guidance about areas such as equality and diversity and supporting people who had protected characteristics. Staff told us they used the information and guidance from the managers to make sure people were supported in the ways they wished to be. One staff member told us, "Clients are asked about their preferences regarding the gender of the person who will be supporting them." The staff member gave examples where this had been beneficial to people.

The provider had a website which included information for people and staff about the services provided. People told us they knew about the website and that included information they could refer to. We saw this included clear information and contact details in a brochure called, 'Welcome to Linkage'. The information was available in easy read formats for people. In addition we saw the website had been developed to include easy access to the provider's business continuity plan. The plan included information about the actions needed to provide care for people, for example in the event of adverse weather conditions or if there were staffing or transport issues. Staff said they were ready to act on the guidance it contained and the registered manager showed us the latest version. This was kept up to date on the website to ensure people were informed about any problems they might face in delivering care. At the time of this inspection the status was highlighted in green, which meant the service was operating 'business as usual.'

Staff told us the registered manager and management team worked together using manager rotas to make sure they were always available and accessible to them. The registered manager told us about their supportive on call system which meant people and staff could make contact with a manager or senior staff member 24 hours a day every day of the year. Throughout our inspection visit to the provider's office we saw people and staff coming and going to see and speak with the management team. Conversations were open supportive and very friendly. One staff member told us, "As a team we work remotely so having access to an office is so important for us. The contact from the team here is good and they manage to keep us all updated with any changes or developments in good time."

Staff also told us that the registered manager and the two community support managers employed to run the service had regular contact with all of the people who received personal care support and undertook support visits and checks together with staff to discuss how things were working. Records showed and staff told us how the management team undertook quality assurance visits to carry out random checks which included shadowing calls and observations together with staff. Staff told us they found these arrangements supportive. One staff member said, "It works both ways. If we have any issues we can raise them direct with the manager or higher." Staff also confirmed they had access to a confidential whistle-blowing line they could report any concerns to without fear of any recrimination. Staff said they would not hesitate to raise any concerns they had about the service with external organisations such as The Care Quality Commission (CQC).