

# Linkage Community Trust

# The Sycamores

## 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

About the service:

The Sycamores provides personal care and support for up to eight people who experience learning disabilities or autistic spectrum disorder. The accommodation is located in the market town of Alford in Lincolnshire. It is part of the larger organisation of Linkage Community Trust and is supported by regional and head office staff.

There were eight people living at the service at the time of the inspection.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.

People's experience of using this service:

- People were supported by staff who were clear about the action needed to ensure people were kept safe from harm.
- There were enough staff available with the right skills and knowledge to meet people's needs in a person-centred way.
- People were supported to maintain their nutrition and staff monitored and responded promptly to people's health conditions.
- People lived in a clean and hygienic environment and were given appropriate support to manage their chosen lifestyles and behaviours in the least restrictive way.
- People were enabled to have choice and control of their lives and were encouraged to develop their independence.
- People were treated with kindness and respect. Staff listened to people and always respected their choices and decisions.
- People were protected from discrimination and their rights were upheld.
- People's needs were monitored and reviewed and people were supported to enjoy a varied social life.
- There was an open and inclusive culture within the service. People, relatives and staff had a say in how the services were being run and how they wanted them to be developed.
- Approaches to management and leadership were collaborative and enabled people to be kept at the centre of service planning and delivery. Staff were well supported and audits and governance systems ensured any shortfalls in the services provided were addressed in a timely manner.

Rating at last inspection:

The Sycamores was last inspected on 12 July 2016 (report published 23 August 2016) and was rated as good

overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The Sycamores remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about The Sycamores 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.

# The Sycamores

## **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 inspection was carried out by one inspector.

Service and service type:

The Sycamores is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider employed a manager who was registered with the Care Quality Commission. 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:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out at work or engaging in leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered 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. The registered provider returned the PIR and we took this into account when we made our judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract in place with the registered provider.

We spoke with five people who lived in the service and observed how staff interacted with and communicated with people. We also spoke with two staff members, the registered manager and the registered provider's operations manager.

We looked at specific parts of the care records of three people and we undertook a tour of the premises with three people who lived there and a member of staff. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with told us they felt safe living at The Sycamores. One person said, "I always feel safe. The staff look after us day and night." Another person added, "I like it here because it is calm and the staff are calm and they help me to feel very safe."
- Staff demonstrated a clear understanding of how to recognise the signs of potential abuse and knew how to protect people from harm. They told us about the processes they would follow and who they would need to report any concerns to. Staff also told us they had received training about supporting people to stay safe and training records confirmed this.
- The registered manager described how they worked with local authority safeguarding teams and other external agencies to ensure people were protected from abusive situations. We saw that when it had been needed, this had included behaviour specialists who worked with the service. Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us of the action they had taken.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and welfare were assessed and plans were in place to minimise the risks. Staff were knowledgeable about what action to take to reduce risk. Staff followed risk management plans when they supported people. For example, a staff member described the approaches they would take to support one person who was at risk of experiencing seizures. This information was available in the person's care record risk assessment so that all staff would know how to respond.
- The registered manager and staff also showed us they fully understood how to support people to manage behaviours which may present as a risk to themselves or others. Care records confirmed people had been asked about any issues which might cause them to be upset so staff could work to reduce any risk of them happening. For example, we saw staff were aware of situations which may trigger those behaviours and supported people to avoid experiencing them. One staff member described how they had helped one person to develop their confidence so that they were happier to go out shopping with other staff members. Another staff member told us how they recognised a person was getting upset about the thought of getting on a bus. The staff member used their understanding of the person to communicate with them in a gentle and encouraging way. The person became calm and happy to get on the bus and to go out for tea. We also observed how one person used non-verbal communication to express when they were happy or sad. This information had been included in the person's care record so all the staff team would understand this and use the person's preferred communication methods.
- People also told us they knew about the importance of fire safety and described how they would evacuate the service in the event of an emergency. Care records included personal evacuation plans to guide staff on

actions they would also need to take to support people who needed assistance.

- One person told us how, "Safety is very important to us and we are good at being careful when we go out because we are 'road safe'." This meant the registered manager had considered the wider risks related to people going out into the community and crossing roads safely when people were on their own.

Staffing and recruitment:

- The registered provider had policies and procedures in place for safer recruitment of staff. They included obtaining references from previous employers and making checks on the person's identity.
- Staff rotas had been planned in advance by the registered manager and we saw there were enough staff on duty to ensure people were supported in the ways they wanted to be. The registered provider employed an established team of bank staff to support any staff absences and the registered manager showed us that staff leave was planned carefully so they had a balance of staff with the right experience deployed over each shift. This meant new staff would be supported by more experienced staff members.

Using medicines safely:

- People told us they received their medicines at the right times and staff knew how they liked to take them. Some people had been supported to have control over their medicines and to take them themselves. When this was the case, storage in people's rooms was secure and records had been kept by the person and checked together with staff to ensure they were taking them in the way prescribed.
- Staff who were responsible for administering people's medicines were trained to do this in line with good practice and national guidance.
- Regular audits were carried out to check that medicines were being managed in the right way, including storage and disposal arrangements.

Preventing and controlling infection:

- We saw the service was clean and tidy and people described how they enjoyed being involved with things like household cleaning and laundry tasks; they also told us how they had learned about the importance of maintaining personal hygiene. One person said, "We all know about hand care and wash our hands before we make any food or eat anything."
- There was information available for people about infection prevention and control. The information was available in pictures and words so that everyone could access it.
- Staff had received training about preventing and controlling the spread of infection. Throughout the inspection we saw that staff made use of protective equipment such as gloves and aprons when appropriate.

Learning lessons when things go wrong:

- The registered manager described how they maintained records regarding any incidents or events that occurred in the service or that people had experienced while they were out in community settings. These were reviewed regularly to consider if anything needed to change to reduce the risk of any repeated incidents occurring. Records of meetings with people who lived at The Sycamores and the staff, showed that learning from any incidents or events was shared with them so they could work together to minimise risk.

# 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.

Good: 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:

- People's needs had been assessed in advance of them moving into the service and their care and support was planned through the creation of a set of care records called a care plan. Information we looked at in three care plans showed they had been created through the involvement of people and, where appropriate, their circle of support. Staff told us this helped ensure care could be delivered in the way people preferred and that staff could meet all their identified needs.
- Care assessments contained information which gave a clear overview of a person's background, life history and any cultural needs.
- Staff had received training about equality and the registered manager told us how they took account of any wider diverse and cultural needs people had to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). A staff member we spoke with told us, "It's really important that we know the person. We know about the equality characteristics and the importance of working with people as individuals and not discriminating."

Staff support: induction, training, skills and experience:

- People told us they thought staff were well trained. One person said, "The staff here have training so they know how to care about me and do what I need. I know all of the staff and the best thing is that they know me."
- Staff told us, and records confirmed, they received a range of training which was relevant to people's needs and the roles they undertook. This included training in line with the Care Certificate. The Care Certificate sets out national common induction standards for social care staff. Staff were also supported to achieve other nationally recognised qualifications in social care.
- Staff told us they were well supported in their work and had regular opportunities to review their learning and development needs with the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet:

- Staff understood people's nutritional needs. We saw that they worked with specialist healthcare professionals when people needed extra help to eat, drink and maintain a balanced diet. We also saw drinks and snacks were freely available for people to access at any time. People met with staff on a weekly basis to plan their menus and the shopping they needed to undertake to ensure they could make their chosen meals. One person opened cupboards in the kitchen area saying, "Everything we need is here. We can help ourselves and we know what is in the fridge and these cupboards because we chose it."

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

- People told us they felt the home was comfortably furnished and decorated. People had their own rooms which they had personalised to meet their tastes and preferences. One person showed us how they had chosen a specific colour they liked and their room had been painted and set out exactly as they had chosen.
- The registered provider employed a maintenance staff member to carry out any routine repairs and work. The registered manager showed us arrangements had been made to carry out repairs to one of the service's communal bathrooms with timescales for completion and that in advance of this, people had access to alternative bathroom areas.
- Internal and external garden spaces were accessible to the people who lived there and any adaptations to ensure equal access to all areas of the service were well maintained.

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

- People told us that they had access to the external healthcare services they needed whenever they needed them. Care records showed that people attended healthcare appointments. These included, healthcare consultants, chiropodists, dentists and opticians.
- Where healthcare needs had been identified, the registered manager made referrals to the appropriate healthcare service in a timely manner.

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. We checked whether the service was working within the principles of the MCA.
- Throughout the inspection we saw the registered manager and staff took care to gain people's consent before they provided care and support. People told us that staff always did this and respected their decisions about when and where to receive care and when they chose to undertake any activity or task.
- Staff had received training about the MCA and demonstrated their understanding of how to support people who were not able to make decisions, using best interests processes.
- 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). At the time of this inspection one person was subject to a DoLS authorisation and one further application had been made and was awaiting approval. We saw the registered manager and staff were working within the principles of the MCA and were continuing to meet the conditions set out in the authorisation in place.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Staff told us and records showed all the staff had completed training to guide them about the importance of equality and people's diverse needs. When commenting on this one staff member told us, "It's really important and the manager has really developed an approach here which is aimed at ensuring people are respected and always treated as individuals in their own right."
- Throughout our inspection visit we noted there was a warm, friendly and welcoming atmosphere in the service. People greeted us when we arrived. Three people showed us around the service and while they were doing this told us the staff were kind and caring toward them. One person said, "Oh yes they are very caring. I would say they get top marks." Another person said, "The staff listen to me so they know what I want. It's all I need is some listening to" and "The staff do [listen]."
- Our observations and discussions with staff showed that they clearly knew people's needs and preferences and that they had time to listen to people.

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

- Throughout the inspection we observed that people were able to express and communicate their views about what care and support they wanted, and how they wanted it to be provided.
- Some people needed more support to express their views and make decisions about their care than others. Staff used a variety of ways to help and encourage them to do this. For example, staff used non-verbal communications such as sign language and gestures. One person used touch to communicate and staff understood how the person used this so they could ensure their decisions were respected and carried out.
- Information about lay advocacy services was available for people to access and one person told us how they had accessed these services and found them useful. Another person had recently been supported to see an advocate to help support them to communicate their feelings about the relationship they had with another person who lived at the service. Lay advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

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

- Staff supported people to maintain their privacy and dignity through the approaches they took when communicating with and providing support to people. When staff spoke with people about their care needs, they ensured they did this in hushed tones and if needed in private spaces. We also saw staff encouraged people to respect other people's privacy when people wanted to be on their own in their rooms.

- People were supported to maintain and develop their independence. Staff noticed when people needed assistance but we saw they didn't just assume the person would want to accept help. They checked first, using people's chosen communication methods and always waited for a response before providing any assistance. When people communicated they wanted to do something independently, staff fully respected their decision.
- People told us how they enjoyed setting out their bedrooms in the way they wanted and keeping them clean. They also told us how they enjoyed shopping for food and clothes and that they often cooked meals for themselves with support from staff. The registered manager told us, through their discussions with people, they had recently introduced an activity called 'Independence Day' to enable people to cook a meal of their choice for themselves. They said this helped highlight the importance of promoting people's independence. People told us they chose to do a baking session at the last Independence Day and that they had really enjoyed it. One person said, "It's great we do the cooking and get really involved in all of the choices about what we want to do or make."
- The registered manager told us how one person had been supported to follow their choice in developing a relationship with another person who lived in another service owned by the registered provider. The person told us how they enjoyed having this close contact.
- People also told us how staff helped them to get work placements in the local community. One person told us how they enjoyed working at a local garden centre. During our inspection another person returned from a work placement, said 'hello' to us, got a drink and said, "Right I'm going to my room to put my feet up after a long day."
- The systems the registered provider and manager had in place helped to maintain confidentiality. For example, we saw people's care records were stored in the registered manager's office and that only staff had access to the room, which was closed when it was not in use. The registered manager also described how computers were password protected and could only be accessed by those staff who had permission to do so.
- When we spoke with staff they told us Information shared with external professionals was only ever on a need to know basis. Staff were also clear about the need to ensure information about their work and the people they supported was never discussed in their personal electronic communications and when they used any social media platforms.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: 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:

- The registered manager told us, and we saw that wherever possible care records had been created together with the person or, if appropriate, their circle of support. Where people had been directly involved, they were signed by them to indicate they consented to the arrangements in place for their care.
- The registered manager and staff were aware of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. There was a wide range of information available for people in words, pictures and symbols to ensure everyone had access to them. For example, this included information about leisure activities, fire evacuation procedures and raising complaints or concerns.
- Care plans reflected people's individual needs, wishes and life goals. The information was kept under regular review and updated to reflect any changes needed. Key information about people had been included in an easy to access care plan record which staff told us enabled them to quickly locate the most important information they needed about each person's needs and how they should be met.
- People told us how they were supported to maintain and develop their hobbies and interests and were involved in undertaking work placements of their choice, attending social events, going out into the community on shopping trips, visiting the theatre or meeting friends and going on holidays together. One person showed us they had access to their own mobile telephone saying, "I like to keep in touch with the staff to tell them what I am doing. I love living here because I make my own choices but am also cared for. I have the best of both." Another person showed us part of the service's garden area and described how they enjoyed gardening and were looking forward to starting a project to grow vegetables. The registered manager described how one person had chosen to attend religious services at a local community church and had been fully supported to do this.
- A staff member told us how they worked with people to consider plans for future events and to plan any choices people had made to spend time with or go on holiday with their own circle of support. One person said, "I'm really looking forward to going abroad with my family later this year."

Improving care quality in response to complaints or concerns:

- The registered provider had a policy in place to ensure any complaints or concerns were managed in a timely and responsive way. Records were maintained by the registered manager to show how they had responded to concerns as soon as they were raised and that there were no open or on-going concerns or complaints.
- People told us they knew how to raise concerns or complaints and were confident they would be addressed and resolved.

## End of life care and support:

- Care records we looked at showed that people had been asked about any wishes they would want to be carried out at the end of their lives including the consideration of any advance decisions they wanted to make. The registered manager told us how they worked closely with people and their circle of support in considering any individual decisions so these could be fully respected. One person told us, "I have all of my wishes recorded so they would know what to do to carry out my wishes in the future." Records also showed the registered manager had received training related to bereavement counselling and was well-equipped to support people in dealing with any grief related issues they may have.
- At the time of this inspection the registered manager confirmed although they currently were not providing any specific care packages for people who were at the end of their life, they and staff were clear about their approaches to this type of care so that they were prepared at any time should they be needed.

# 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.

Good: 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; and how the provider understands and acts on duty of candour responsibility:

- There was an open and inclusive culture within the service which people and staff told us enabled them to share ideas with the registered manager and provider and work in partnership with each other.
- The registered manager worked together with a deputy manager to manage the service. We knew the registered manager was responsible for the management of another service owned by the registered provider and which were within proximity to each other. The registered manager showed us how they had continued to work closely with senior staff from both services and arranged their time to ensure they were able to fulfil their management role within each service. Clear arrangements for manager cover ensured leadership was in place to support staff in a consistent way when the registered manager was not on duty.
- The registered manager had a clear vision and set of values which was aligned to the principles of high quality and person-centred care.
- People and staff told us they thought the home was well run. One person described the manager as, "Someone who knows our needs very well, is helpful at all times and makes sure the staff work with us in all the right ways."
- The registered manager was aware of, and they and the registered provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us the information about how to raise any concerns was readily available to them to refer to if they needed to.

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

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who lived at The Sycamores.
- The registered provider had ensured a range of guidance and information was available to support staff in being clear about their roles and what was expected from them.
- Systems were in place to monitor and improve the quality of services provided for people. The registered provider and manager carried out regular audits related to the running of the service. These included; care records and staff training, the environment and nutrition. Where any shortfalls were identified, an action

plan was developed and completed to address the issues.

- The registered manager told us they and the deputy manager used information from audits and checks to inform changes and improvements to the quality of care people received. Following a recent audit undertaken by the registered provider, the registered manager showed us how they had introduced a clearer signing in and out system for people to use to let the staff know when they had gone out or had returned.
- We also noted our latest CQC inspection report, summary and rating was on display and available for people to access in the service. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- People told us the registered manager and staff regularly sought their views about how the service was run and the services provided for them. They said they knew about any plans or developments and could give their opinions about them.
- People told us they met with staff each week to talk about plans for the following week and any ideas or suggestions they had. One person said, "We also talk about any worries or complaints every week which I like because everything is done quick when we have issues." They also added, "We write our names down on the meeting papers to show we were there which is good."
- During our inspection visit one person told us how they had wanted a dimmer switch fitted to their main room light so that when they got up early to go to their work placement they would not be dazzled. The registered manager showed us this request had been followed up and arrangements had been made for the switch to be fitted. The person told us they were looking forward to this.
- Staff told us their training included approaches to communication including non-verbal, signing and sensory loss communication. They said this helped them to involve all the people in sharing their ideas or thoughts so that nobody was left out.
- The registered manager also showed us they asked for feedback from people's circle of support. This was through regular telephone and email contact and through surveys the registered provider undertook. The last survey had been undertaken in November 2018 and we saw the outcome was positive.
- Staff told us and records confirmed the staff team also had regular meetings in which they could discuss issues and express their views and opinions.

Working in partnership with others:

- The registered manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it. The registered manager told us that registering to receive information about developments in care through professional websites and forums and working in partnership with external agencies had also provided opportunities for them and staff to keep up to date with professional guidance and any changes they needed to consider making to keep developing the services provided.