

# Linkage Community Trust Limited (The) Boultham Park

## Inspection report

Boultham Park Road  
Lincoln  
Lincolnshire  
LN6 7PG

Tel: 01522478482  
Website: [www.linkage.org.uk](http://www.linkage.org.uk)

Date of inspection visit:  
20 October 2016  
21 October 2016

Date of publication:  
05 December 2016

## Ratings

Overall rating for this service

Requires Improvement ●

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

# Summary of findings

## Overall summary

We carried out this announced inspection on 20 and 21 October 2016.

Boultham Park is part of Linkage Community Trust, a national charity based in Lincolnshire. It is registered to provide the regulated activity of personal care. The service is provided mainly to people who have a learning disability, living in their own homes in the Lincoln city area.

We carried out this announced inspection on 20 and 21 October 2016. At the time of our inspection 28 people were using the service 12 of whom 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.

Staff understood 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. However, during our inspection we identified some areas in which improvement was required to ensure people who used the service were provided with responsive and well-led care.

The care review processes in place to support people had not consistently been kept fully up to date to reflect the current and changing needs of people and how they should be met.

Although there was a range of audit systems in place the provider had not completed regular quality checks together with the registered manager to make sure that people received the care they needed in a consistent way.

People were involved in making decisions about how they wanted to be supported and how they spent their time. Their choices and decisions were respected and staff respected people's right to privacy when they wanted it. People also received appropriate support to access healthcare services and to ensure they had good nutrition.

New staff were recruited safely and the registered persons had provided staff with the guidance and training they needed in order to undertake their roles. There were enough staff available who were deployed in the right way to meet people's care needs.

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

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff had received training in this area and demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

People were supported to share their views and opinions about the service and 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 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.

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 the necessary training and support the registered persons said they needed to carry out their roles.

The registered persons and staff were following the Mental Capacity Act 2005.

Staff had helped to ensure that people had access to any Healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

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

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were consulted about their needs and wishes and were involved in planning their care. However, the care review processes in place were not consistently being kept updated to reflect the current and changing needs of people and how they should be met.

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

People and their relative's knew how to raise any concerns they had and the provider and registered manager had arrangements in place to respond to all concerns and more formal complaints they received.

**Is the service well-led?**

The service was not consistently well led.

Quality audit checks had not been consistently completed so that any issues identified by the provider could be quickly addressed.

The registered manager promoted good team work and staff had been encouraged to speak out if they had any concerns.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

**Requires Improvement** 

# Boultham Park

## 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.

We visited the service on 20 and 21 October 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who used the service had complex care needs and benefited from knowing that we would be calling 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.

Before we undertook this inspection, we asked the provider to complete 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 provider returned the PIR and we took this into account when we made our judgements in this report.

We also looked at the information we held about the service such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

During our inspection we visited and spoke with four people who received personal care support in their own homes together with a staff member. They gave us their feedback about the help they received and their views about the quality of the services provided. When we attempted to visit another person we found they had gone out to undertake an activity for the day. We made contact with them together with a staff member and they said they were happy to share their care records with us and were happy for us to speak with the registered manager and staff who supported them about how their care was provided.

During our inspection and sought permission to speak with, and made telephone contact with the relatives of three people who used the service. We did this to obtain their views about how well Boultham Park was meeting their loved ones needs. We also met with a relative who visited their family member during our inspection and we contacted the relatives of five other people who provided us with their written views

about the support the service provided.

The operations manager, the registered manager and two deputy managers who managed the day to day support provided to people were available during our inspection and we spoke with them about how the service was managed and being further developed. We also spoke with four community support workers who provided direct support to people.

We looked at five care plans and records related to the care those people received. A care plan and their associated care records are documents which detail people's assessed social and health care needs and informs staff how to meet those needs.

We also 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 which showed how staff were being deployed. We also checked three staff recruitment records and 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 audit and quality assurance processes.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, "I can get help at any time. There is someone available to talk to if needed." Another person said, "I have my own home but the staff and manager look out for us all. They keep us safe when we are home and when we go out."

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 also told us the support worker's had developed good working relationships and a clear understanding of each person so that if anyone was unhappy about their care or was worried about anything they would know. People also access to the contact details for the local authority safeguarding team so they could contact them direct if there were concerned about anything. Staff were able to describe the processes for reporting any safeguarding concerns they had internally through their management team and to external agencies. This included reporting direct to the local safeguarding authority, the police and the Care Quality Commission (CQC). The registered manager and staff we spoke with said when required, they were confident any issues related to people's safety would be investigated fully by the provider.

When talking about how their family member was supported to be safe one relative said, "[My family member] is very safe. This is primarily due to the provision of 24 hour staffing. Although [my family member] rarely has recourse to 'out of hours' support, they and we know that it is there. We feel that we can contact the registered manager and her staff at any time. If staff are unavailable, they invariably get back to us in a timely manner. Staff have talked through with [my family member] a number of incidents where they could have put at risk their own safety. Staff place a demonstrably high priority on safety and remind [my family member] regularly of what they need to do to keep themselves safe. [My family member] knows that they can contact staff at any time if they believe themselves to be in a situation they cannot deal with. This is, of course, immeasurably re-assuring to us."

Care records included a written guide to personal safety and information for people to look at to remind them about keeping safe. 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, including environmental risk assessments. Risk assessments were also in place to minimise any risks associated with supporting people when they went out into the community either on their own and together with staff. For example, in their PIR the registered manager described how they had provided support for one person who had chosen to go out late at night in their wheelchair. The person notified staff by text when they had returned so staff would know they were safe. These type of arrangements were in place for a number of people so staff would know they were safe. They were supported by the provider having a missing person's policy and procedure for staff to follow if this was needed. Staff also had access to information to guide and support them to maintain their own safety. This included a lone working policy and personal safety alarms.

The registered manager told us that support in ensuring staffing levels were maintained at the levels people needed was provided by the four deputy 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.

However, people and relatives we spoke with told us that although they had met people's care needs, on occasions the service had experienced some difficulties providing consistency in how this was delivered. One person told us, "I have to keep crossing out the staff on my rota and updating it as changes keep happening. It's getting a bit better lately though." A relative commented that they had, "Concerns, there has been a large turnover of staff, which has impacted on the consistency of care. If I could improve anything about the service it would be to employ and retain good quality staff." Other comments we received from relatives we spoke with included, "Sudden changes to rotas and the late arrival of care staff are unsettling to [my family member], particularly if a proper explanation is not given." and "They must inevitably find themselves hampered by a significant turnover of staff which is largely beyond the control of management."

We spoke with the registered manager and the operations manager about the feedback we had received about staff turnover. They confirmed that they had experienced some difficulties in retaining staff and had been using the support of a small team of bank staff they employed. In addition they said they had also had needed to employ a number of agency staff to cover gaps in the rotas. They said that this had not been ideal but that they were monitoring the staffing levels closely to ensure people's needs were being safely met. They also confirmed they were continuing to actively recruit staff to vacant posts and had recently completed recruitment to a number of these. Some of the recently employed staff had previously been working through agency contracts. The registered manager said this had helped in maintaining a level of consistency for people. At the time of our inspection records showed that, although the number of agency staff employed during the last three months had been high the number of staff on duty had consistently 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 provider had a safe staff recruitment process in place. The registered manager showed us information which confirmed relevant recruitment checks were completed before any new staff member started to work for the service. These included employment history, 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 and the registered manager confirmed staff had their competency to administer medicines regularly assessed and checked. The checks formed part of the on-going training and supervision arrangements in place and we saw records of medicines administration had been accurately completed. When any previous medicine errors had occurred they had been raised with the registered manager and actions had been taken to reduce the risk of them reoccurring. People had chosen to have access to their medicines in their own homes and staff supported people to keep these secure using locked storage. Staff were also able to tell us how people were supported to have access to their medicines when they went out in the community to undertake activities or to visit their relatives. Records of the support each person was given were retained as part of their care records. The registered manager told us that one person had needed additional support when they took their medicines and had been working together with health and social care professionals to support the person to be safe. We saw that the support being given for the person was being formally reviewed so that they would continue to be safe and their records were being updated to reflect the actions being taken to do

this.

## Is the service effective?

### Our findings

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 commenced. The assessments involved staff taking time to understand what help people needed and wanted so their needs could be met in the right way for them. Once the assessment had been completed a care plans and care records were created which people kept at their home for staff to refer to when they visited.

Through the interactions we observed between support workers and people we could see they knew each other and that care staff knew people's health and social needs well. People told us the calls they received helped them to keep well and one person said, "I keep my own rota up to date so if there are any changes I know what they are. I like to know so I know who will be next to come to see me."

A relative of one person who had recently set up their own home and started to use the service told us, "The support [my family member] receives both physically and emotionally from Linkage is excellent and we were very happy and surprised with the speed in which [my family member] settled in."

The registered manager and staff we spoke with 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. In addition, the registered manager confirmed new staff undertook the Care Certificate as part of their induction. The Care Certificate sets out common induction standards for social care staff. Staff told us their induction had enabled them to do their jobs effectively. They said during their induction period they had access to shadowing opportunities with more experienced staff which had included meeting the people who used the service. Staff also said senior staff or the registered manager had carried out regular supervision meetings with them and that they had either completed or were due to have an appraisal to check their on-going learning and development needs.

The registered manager had a training plan in place and staff said the training available matched the roles they were employed to undertake. Staff told us how they used their training and skills to help people maintain their independence. One staff member described how they encouraged one person to maintain their personal hygiene and to maintain a healthy diet. Staff told us they had access to updates related to their specific roles which they said enabled them to maintain and develop their skills. The training plan included subjects such as, fire safety, infection control, helping people to move around safely, autism awareness training and supporting people with a learning disability. Training also included providing support for people who experienced epilepsy. In addition to the training they received for their individual roles staff also told us and records showed they were supported to undertake nationally recognised qualifications.

Staff told us their main focus was 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. One person we spoke with told us how staff helped them plan and prepare their meals

and that they liked the way staff helped them. They told us, "I need to make sure I am eating the right things to keep me fit. Staff remind me what is good for me and I choose to eat a bit of what I like as well so it is working for me. I feel better." Staff also confirmed another person had received support to compile a 'healthy recipe' file for them to refer to when they were thinking about the sort of meals to prepare and cook.

The registered manager and staff had been trained in, and demonstrated 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 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 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.

When it had been identified as needed the registered manager had worked closely with other professionals who the provider employed, including their own behaviour consultant who supported people on a one to one basis. 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. People also told us they were regularly supported by staff to access community social and health care professionals, for example when they attended some health care appointments and they didn't feel confident to go on their own. 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 to check if further appointments were needed. Care and daily contact records we looked at confirmed this.

## Is the service caring?

### Our findings

People told us staff were caring toward them. One person said, "The staff care very much. They are interested in the things I like." Another person said, "The staff are thinking about us all the time. They have jobs to cover but the care is the main thing they care about." A relative told us, "The staff work very hard to develop effective relationships and demonstrate a consistently very caring attitude. They are always very willing and friendly. There is clearly mutual respect between people and staff at all levels. This is, of course, of supreme importance in achieving the happiness and security enjoyed by [my family member]." Another relative said, "The staff are definitely excellent in terms of support of emotional needs."

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. When we looked at the latest version of the statement of purpose document the address information for the registered location was not up to date. We spoke with the registered manager about this and immediate action was taken to correct the address.

People told us they had the keys to their own flats and that they felt in control of their own space. One person said, "I have my own keys and am looking to get a landline telephone installed soon. I like to be private and the staff always check its okay to come in before they do." Staff we spoke with gave examples of what respecting people's privacy and dignified care was. These included staff 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 the privacy they had wanted to complete their personal hygiene.

Copies of the care records we looked at were written in the first person and had been personalised. Information included background information about people's life histories which staff said helped them to carry out care tasks with a better understanding of the person they supported. The records also contained information on the level of support each person needed and in regard to their health and well-being, keeping safe and people's activities preferences. A relative said, "Because of the support [my family member] receives, we feel confident knowing there is usually always someone available to support them with their day to day needs, as well as being on the end of a phone if [my family member] suddenly feels unwell or has a problem, both through the day and also through the night. As parents, this gives us the security and peace of mind, knowing that when anything happens to us, [my family member] will be in a safe and secure environment, with people who both know their needs, and genuinely care about [my family member's] day to day wellbeing."

The registered manager and people told us that care provided could be changed at any time by the person to suit the individual and the things they wanted to do. People told us they could change or cancel their

support calls if they wanted to do something else and did not want to wait in for their support call. The arrangements were kept flexible in this way so people could save and use some of their allocated hours when they wanted to. One person told us how they had saved some hours to use at a later date so they could undertake an individual activity and that this had been supported by the registered manager.

We saw that people's care records also included a record of people's personal 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. We spoke with the registered manager about how people were supported to do this. They showed us some people had their own financial records in their homes and when they had asked for help with this the staff assisted by keeping a record of the amounts the person had chosen to have and the remaining balance. One person showed us their record saying, "I feel in control of my budgeting but eh staff help me keep on top of it and I really appreciate that." They and a staff member had signed it and the amount remaining in the balance was correct. We noted it was difficult to read the staff signature and there was no staff signature list available. The registered manager told us that further to their recent recruitment of new staff they were in the process of updating the staff signature lists for all the people who were supported in this way so it would be clear who had counter signed the records.

The registered manager and 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. People had copies of their care records in their own homes for reference and people we spoke with said they were able to read their plans and day to day records at any time. When requested or identified as needed people were offered easy to read care records which were in picture format and contained straightforward information for people to refer to about the levels of support and care agreed.

Staff 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. Computers used to manage people's private information 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 supported by staff 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 told us how they 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 information about these services was available for people to access so they could choose to make contact with them direct if they chose to.

## Is the service responsive?

### Our findings

People told us they felt involved in their care and staff were responsive to their needs. One person told us, "I have control over the things I do. I have my own flat, my own key and I make the decisions. If I need any extra help on top of the care I get I just have to ask." A relative commented that, "[My family member] is very happy. We are delighted that [My family member] is so settled and, in many ways, the provision is absolutely right for our [my family member], encouraging a degree of independence within an understated support structure, in the company of other young people with generally similar needs. Of particular note is the way in which what was designed as individual supported living has developed into something of a community."

Staff we spoke with consistently referred to people's right to make their own minds up about what they wanted to do. One person told us how they liked their independence but also enjoyed the time they spent staying with their family at their home. A relative we spoke with also fed back that, "[My family member] is still able to come home on a regular basis and enjoy family time with us at a weekend. When [my family member] is very unwell, they will come home for a couple of days until they feel better, but [my family member] is always happy to go back to their own space. In addition, living alongside other adults with additional needs has given [my family member] confidence they are not being singled out as different."

Staff told us and records confirmed systems were in place to guide staff in ensuring people's support and care plan records could be formally reviewed and updated in line with any changes requested by people and discussed together with staff. Formal annual reviews were completed together with people and where appropriate, their relatives. In addition staff told us monthly reviews were completed and staff said any changes were updated on the care records review 'focus' page and signed by the person to show they agreed with any changes made. However, when we looked at the information contained in some of the reviews they were not up to date in line with the provider's review guidance for staff. For example the guidance stated support plans should be reviewed every month and re-written every three months. The five care records we looked at needed to be updated as monthly reviews had not been updated consistently since July 2016. We also saw the risk assessments in place for those people needed to be checked and further updated to include the support staff said had been agreed verbally but had not added it to the record. When we spoke with the registered manager about this they confirmed the changes in staff had led to there being inconsistent communication and care file checks, which had led to some gaps in the records. This was evident in some of the feedback we received from relatives we spoke with. One relative told us, "Overall, we are happy with the housing, [my family member] loves their flat and the help the staff give them. Whilst I feel the staff are empathetic I do have concerns about the somewhat transient nature of some of the staff, there always seems to be people leaving, or 'locum' staff in. I appreciate good staff are hard to come by, however I feel that people, particularly those that have autistic traits, such as [my family member] need continuity. To the best of my knowledge they have had at least three different key workers."

Although there had been no direct impact on people who used the service the registered manager recognised the need to take immediate action and the five sets of records we had looked at were updated during our inspection. The registered manager also confirmed they would undertake immediate action to update the reviews and care record information for all of the people who used the service and involve

relative's where this was needed.

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 for 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.

We also saw and staff told us that they supported people to maintain and develop links with their wider community through being involved in work placements and activity groups. In addition one of the deputy managers told us about an annual event organised by the provider which was aimed at building people's confidence called the 'Inclusive Community Experience' [ICE]. This ran from 5 to 9 September 2016. 13 people who used the service attended the event and the deputy manager showed us some of the feedback they received from people about their experience of it. One person said, "I enjoyed myself at the ICE conference at Butlin's this year. I liked being a guest at 'Come Dine with me', and socialising with everybody. I like playing crazy golf and dancing at the disco too." Another person had commented that, "I thought Butlin's was good. I most enjoyed the disco as the music was good. I liked having free time to explore. I liked the flat and who I shared with."

In addition to the information and guidance people had access to about how services were provided, details were available to people about how they could raise any questions, concerns or more formal complaints about the support they received. This was through the use of their individual 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 their concerns together so they could address these direct.

A relative told us they felt able to raise any concerns direct with the management team at any time saying, "I have had to on several occasions speak to the management about various issues. I tend to mainly talk with one of the deputy manager's as I feel they are very proactive with dealing with our concerns and tries to ensure that things don't slip back. Recently when I have raised concerns I feel that they are taken on board and dealt with quickly and for the first time in a long time I feel that the management is engaged."

Records showed there had been seven formal complaints received by the service during the last year, which had been responded to in line with the provider's complaints policy. The registered manager told us changes to staff, the use of agency staff and communication were the key themes emerging from the complaints they had received and people and relatives said that recent actions they had taken and planned, for example in regard to staff recruitment had led to increased consistency for people who used the service. 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 like the manager and the deputy managers. They are good to be around and it's like a family when we talk. They let us be free to live our lives but are there when we need them." A relative told us they were, "Overall satisfied with the provision. The Deputy Manager has been particularly helpful through one to one telephone calls and email." Another relative commented that, "On the whole [my family member] is happy so that is the most important thing to me." Another relative added, "There has undoubtedly been a significant improvement under the sensitive and caring leadership of the Manager. The deputy managers undoubtedly have the willingness and ability to do what is asked of them. All of the management team work very hard and are clearly dedicated and highly committed both to the residents and to service improvement."

The service had an established registered manager in post who confirmed they were supported by the provider through their operations manager to carry out their role and responsibilities. We knew the registered manager was responsible for the management of another service owned by the provider which was situated in a different geographical location. The registered manager showed us how they worked closely with senior staff from both services and we saw they had arranged their time to undertake their management role at Boultham Park through the day to day support of four deputy managers who helped with the management of the service and co-ordination of staff. The registered manager also told us they had an on call system in place which meant people and staff could make contact with a manager or senior staff member at any time.

Staff told us that the registered manager and deputy managers 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. Staff told us they found these arrangements supportive to them and that they worked well together as a team.

The registered manager and deputy managers we spoke with said in addition to speaking together regularly by telephone they held meetings to discuss the running of the service. The registered manager told us it had been difficult to organise and hold these meetings on a regular basis during the year due to time restrictions linked to the issues related to the recruitment of new staff and the use of agency staff. This had led to the registered manager and deputy managers needing to prioritise their time to give additional support to the staff team and also undertake some of the care tasks associated with people's care.

Care record information we reviewed indicated the management monitoring systems and care plan processes in place were not being kept fully up to date to reflect the current and changing needs of people and how they should be met. The registered manager showed us that they had last met together with the deputy managers in August 2016. The record for the meeting included a discussion about the need to undertake internal quality assurance checks, for example in relation to care records every two months. However, the registered manager and records we looked at confirmed the care reviews had not been fully updated to reflect the care being given for some people.

The registered manager said that this had also led to some of the service checks and audits they undertook not being carried out consistently during the last year. The last formal record audit checks for the service had been last undertaken on 17 December 2015. One of the key themes identified in this audit report related to delegation of care tasks to deputy manager's which had meant they had less time to undertake their manager duties.

We spoke with the registered manager and operations manager about this and they immediately arranged for reviews to be undertaken and care records updated for all of the people who use the service. They also showed us they had arranged for a full audit of the service to be undertaken and produced an action plan which would be used to follow up any additional actions needed, to include timescales. In addition, the operations manager told us they would undertake a review of the support in place for the registered manager to fully undertake their role in covering both locations they were registered to manage, including a review of the deputy manager roles and deployment of the deputy managers in managing the service.

The registered manager and staff told us people's views were sought in a variety of other ways including direct communication during support visits and when people went to the main office to speak with the registered manager and staff. The registered manager also told us they regularly spoke with relatives in order to obtain feedback on the care provided and that each year they carried out an annual survey together with people and their family members. We looked at the responses the provider received from the last two surveys completed during July 2015 and then in June 2016. The overall feedback was positive.

The registered manager told us and staff we spoke with confirmed they had 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. 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. One person said, "I just pop to the office round the corner. It's easy to get to and somebody is always around if I need them."

Staff said they felt comfortable raising any issues or concerns they had direct with the registered manager or any of the deputy managers. The provider also had arrangements in place to provide staff with emotional and professional support if they required it.

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).

Records we looked at and staff we spoke with confirmed staff meetings were held together with staff and the information discussed related to the people they supported. We saw records for the meetings held in June 2016. In addition to actions from the previous meeting common themes discussed included, specific issues related to the support needs of individual people, staff deployment, communication and staff recruitment.

In addition to these meetings staff also told us about a bulletin they had received from the provider's chief executive officer. This was about how the provider wanted services to keep developing and inviting them to feedback their thoughts and ideas so staff could contribute to this process. For example, at one of the team meetings held during the year staff had been asked to think about and provide feedback to the provider's chief executive about the development of a set of new core values for the provider in order to enable staff to contribute to and help shape the providers thinking about these changes.

The registered manager and staff told us they kept themselves updated with provider communications through the use of the provider's internal intranet system. This contained electronic information and

guidance related to their roles. In addition to their corporate policies and procedures the information staff could access 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.

The provider had communications systems in place to help keep people and staff up to date with areas they were developing including a website which contained information for people and staff about the services provided. People and staff told us they knew about the website and that it included information they could refer to. We saw this included clear information and contact details in a brochure called, 'Welcome to Linkage'. The information could be accessed in hard copy format and 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 was the lowest level of risk and equated to business as usual.