Link House Limited

Link House

Inspection report

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Date of inspection visit:
25 April 2017

Date of publication:
12 October 2017

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

The inspection took place on 24 and 25 April 2017. The inspection was announced. The provider and registered manager oversee two registered services on the same site. Fairway House is registered for personal care and Link House for residential care. We inspected both services together as they had some shared staffing, and policies. We also wanted to ensure we could meet people using the service so we gave 48 hours' notice. We have not inspected either service since a change in their registration, (ownership) in March 2015.

Link House provides residential care to up to six adults with a learning disability.

There was a registered manager in post at the time of our inspection. They were registered for both services. 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.

The service was extremely well managed and clearly run in the interest of people using the service. The service was generously staffed and all staff were familiar with people's needs and provided continuity of support. There was minimal turnover of staff and no agency usage. This meant people using the service had built up relationships with staff and had a degree of predictability and established routines. Staff said this was important in terms of reducing people's anxieties.

There were safe systems in place to ensure people were protected from unnecessary risks and staff knew what actions to take to mitigate risk. The environment was well maintained and equipment checked regularly to ensure it was safe to use.

People received their medicines as intended and checks were carried out by staff to ensure they received their medicines safely.

Staff understood different types of abuse and knew what actions to take should abuse occur or they suspected someone to be at risk of harm or actual abuse.

Staff recruitment procedures were sufficiently stringent to help ensure only suitable staff were employed. Staff were supported in their role and had the necessary competencies. There was a thorough induction, ongoing training and support for staff including regular supervision, observation of practice and appraisal.

Staff were highly motivated and had developed good relationships with the people they were supporting and extended this support to family and friends. Staff supported people to have relationships of their choosing and to make their own decisions about this.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. Practice related to MCA and DoLS was very good and in line with legal requirements.

People were supported to make appropriate choices about their diet and staff provided opportunities for people to follow a healthy lifestyle and take regular exercise. People were fully involved in menu planning; shopping and preparing meals for themselves and others they lived with.

People were encouraged to live independent, fulfilling lives and had opportunities to participate in a range of different social activities, work placements and day centres. There was opportunity for evening and weekend activities and annual holidays. This helped ensure people were fully engaged and participating within their local communities. Staffing levels were planned around people's individual needs ensuring people had the chance to do the things they wanted to do.

People had up to date care and support plans which documented how their needs should be met in line with their wishes and aspirations. Plans showed what they had achieved or what they were hoping to achieve. Staff knew people's needs and work consistently in line with people's plans.

People received medical attention as required and staff monitored people's physical and mental well- being to enable them to seek prompt support as required.

The service was very well led and staff worked cohesively in line with the services aims and objectives. They enabled people to have a full life as possible and were skilful in balancing positive risk taking with the right to self-determination and independence.

The service had audits in place to measure the success and effectiveness of the service it provided. It took into account feedback about the service to help them improve the service and provide in a way that met people's wishes and aspirations.

The service was continuously developing and taking into account current legislation and best practice to help ensure the service was run as professionally and as effectively as possible.

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.

Risks were well managed and there was a proportionate approach to risk taking. Routine maintenance and servicing meant equipment was safe to use.

Staff were able to recognise different types of abuse and knew what actions to take if they suspected a person to be at risk of harm or actual abuse.

There were safe systems in place to ensure people took their medicines as intended.

Consistent staffing levels were provided and staff worked flexibly in line with people's needs.

There were robust recruitment processes in place to try and ensure only suitable staff were employed to work at the service.

Is the service effective?

Good

The service was effective.

Staff had the necessary support to help them in their role and to develop their professionalism. There was a robust induction and training programme for staff and staff were sufficiently supported.

People were supported to have good health through exercise, and a healthy diet. Staff monitored people's health and took actions when necessary. People saw health care professionals in a timely way.

Staff supported people and respected their right to make their own decisions which staff upheld. Staff worked lawfully to support people in relation to their health, welfare and treatment.

Is the service caring?

Good

The service was caring.

Staff supported people and demonstrated a genuine rapport with them whilst encouraging them to live the lives they wanted to.

Support was extended to families and friends and they were consulted but did not get to choose for the person.

People were living independent, meaningful lives with lots of opportunity to try new experiences and learn new skills.

Is the service responsive?

Good

The service was responsive.

The service was centred on the individual and they determined how they spent their time and had support when they needed it.

The service was progressive and adapted itself to people's needs, recognising at times people needed more or less support and different environments worked as people's needs or circumstances changed.

The care and support plans were thorough, well written and showed how people were progressing and achieving their wishes and personal goals.

Is the service well-led?

Good

The service was well led.

The manager was highly skilled and managed two services successfully. They have very good interpersonal skills and had developed very positive relationships with people using the service. They trusted and in turn staff trusted them. They had empowered staff to work independently and have autonomy within a structured network.

The compliance manager worked tirelessly to ensure people and staff were protected by working within procedural guidance to cover most eventualities. Policies were developed with staff and people using the service and were therefore bespoke.

The service routinely listened to people and the service was individual to each person. Any concerns were addressed immediately and people were in control of their own destiny.

Audits helped determine if the service was well managed or if there were any unnecessary risks or lessons to be learnt from events, incidents or accidents. These were minimal because the service tried to pre-empt risk and take steps to actively reduce it.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 24 and 25 April 2017 and was announced. We gave the provider 48 notice as this was a small home for younger adults and we wanted to assure ourselves they would be in and able to speak to us. We also inspected a supported living service on the same site at the same time which had the same provider.

The inspection was undertaken by one inspector. Before the inspection we reviewed information we already held about the service including previous inspection reports, feedback we had received and notifications which are important events the provider is expected to tell us about. We also received a provider information return which told us what the provider was doing to comply with regulations.

As part of the inspection we spoke with five out of the six people using the service, observed the support people were provided and spoke with a number of relatives. We looked at several care plans, medication, staff records and other records relating to the management of the service. We also spoke with the provider, the manager, compliance officer and care staff.

Good

Is the service safe?

Our findings

Risks to people's health and safety were monitored and well managed. We viewed the accident book, people's care plans and risk assessments which were updated and covered activities of daily living. Where a risk had been identified there was a clear record of what actions staff had taken to reduce the risk and this was reviewed. Staff took into account events affecting a person's well-being and or safety and lessons were learnt. This was reflected in the accident/incident records.

Individual and generic risk assessments were in place covering issues such as being home without staff, going into the community without staff, using public transport independently, and people taking their own medication and managing their finances. Where identified, reasonable adjustments to the person's environment were made to help promote their independence and safety. Risk assessments for specific activities such as going to the gym or going on holiday were also in place and staff told us they planned ahead which helped them assess and anticipate possible risks to people's safety.

Weekly visual health and safety checks were carried out on the premises and equipment regularly checked to ensure it was safe and in good working order. There was routine and planned maintenance. People were asked to use an in/out board in the hallway so staff knew who was in. Checks were carried out late evening to ensure everyone was accounted for and staff supported people regularly throughout the day.

People received their medicines as intended. An assessment of the person's needs was used to determine if people could safely manage and take their own medicines or if they needed staff to administer it. There was individual guidance for each person about their medicines, what they were for and any special instructions such as if they were to be taken regularly or when required such as for pain relief. Staff administering medication received appropriate training and the service had recently been carrying out annual competency assessments to ensure staff understood what they were doing and could demonstrate that they administered medicines safety.

The service had a robust medication policy and a medication error reporting procedure. Recorded evidence was seen of a medication error. This had been identified quickly and the staff supported to help ensure they could administer medicines safely which had included further training and supervision. The person concerned did not suffer any ill effect and staff checked with the GP. There was also a policy for homely remedies. Locked drug storage facilities were provided within a locked office or safe storage in people's rooms when assessed as appropriate. There were daily checks to ensure medicines were kept at the correct temperatures so they were safe to give to people. Regular monthly audits were undertaken and there was a daily check that medicines had been administered as intended.

There were enough staff to meet people's needs. The manager said staffing levels had been adapted over time to ensure people had the support according to their individual needs and individual circumstances. For example, sometimes people went to their parents and the service was set up for people to be out through the day but there was flexibility should people be unwell or require support to attend appointments. Staffing in the morning, evenings and weekends was provided and staff worked into the evening to accommodate

those wishing to stay up late. People had one to one time around their wishes and needs. Forward planning enabled people to go on individually chosen holidays or together if they wished. The rotas demonstrated how staffing was planned around people's needs rather than the needs of staff.

The manager told us that there were regular staff and there were no vacancies and they did not use agency staff. They said they were able to look at the skills and competencies of their staff and deploy them to work within the supported living scheme or residential service. They said staff worked where they were best suited to and took into account people's preferences in relation to staff. They said people had continuity and knew who were supporting them on which days. Staff worked every other weekend and did a long weekend which gave them more flexibility to terms of planning and supporting people with activities.

We viewed a number of staff files which evidenced a robust recruitment process was followed to help ensure only suitable staff were employed. Staff were asked to provide proof of their identity, work and education history, skills and attributes. References from a previous employer and personal references had been sought. Disclosure and barring checks were also required to ensure the person did not have a criminal conviction which might make them unsuitable to work in care. The manager also checked that they had been barred from working in care.

Staff completed training to help them recognise different types of abuse and what actions they should take if someone was at risk of abuse. Staff had access to a quick reference guide displayed in the office on what to do if abuse was suspected. We spoke with staff who knew about different types of abuse and what actions they should take including reporting concerns outside their own agency when necessary. Staff told us about an incident where they raised safeguarding concerns and the steps they had put in place to support the person making the accusations and the accused. A staff member also told us about an accusation they had dealt with and how this was managed to ensure each party was protected and the person making the allegation was believed. There were safeguarding records including an incident involving the police. This was to ensure a crime against a person using the service had been reported and was investigated by the police. This meant the service had taken steps to ensure the perpetrator was dealt with. The perpetrator did not live or work at the service. There were safeguards in place for people using social media and helping people with their finances and protecting them from financial abuse.

Staff told us that two people raised concerns about another person's behaviour. Staff responded to this by spending time with them and involving other health care professionals and families to try and resolve issues raised. Staff clearly acted in the interest of both parties and sough for resolution and compromise.

The service had a bespoke infection control policy and regular training for all staff. There had been an outbreak of Norovirus, which they said they reported to the relevant authority and followed their instructions for deep cleaning. The infection was quickly contained which showed actions taken had worked. Staff helped people keep the service clean and there were cleaning rotas. They had a score of five from the Environmental Health department in relation to food safety.

Good

Is the service effective?

Our findings

Staff were well supported and had the right skills and competencies for their role. We looked at staff records and saw staff had completed the necessary training and had lots of opportunities to meet with other staff and share ideas and support each other. Staff spoken with had either, completed or were doing additional qualifications in care. Staff told us training was bespoke to the service and people they were supporting. Training included areas of health care specific to the people they were supporting such epilepsy management, sexuality and personal relationships, autism and managing anxiety. Staff told us training was accessible and there was good support from the learning disability team. All training was provided face to face and the provider confirmed there was no specific budget for training and the manager had the autonomy to source what staff needed.

The whole staff team were trained in Advanced Communication and Challenging Behaviour. There was a bespoke policy with helpful guidance for staff about how to support people with their behaviours in a positive way without the need for restraint. Where the need arouse, staff accessed support from other health care professionals to support people with their anxiety or other behaviours.

A member of staff told us about their training and said it was kept up to date. They had completed the care certificate which is a nationally recognised induction for care staff. This was usually covered in staff's probationary period and covered all the essential knowledge and standards staff needed to work in care. It is based on a set of skills and competencies and takes into account the level of experience and previous training staff have already undertaken. We saw that new staff had a period of shadowing a more experienced staff member until they felt confident to work unsupervised. Staff had been assessed as competent with all key aspects of their role before they could provide care to people on their own. Senior staff completed additional qualifications to help them effectively support and manage staff.

Staff received formal supervision every two months and an annual appraisal of their performance. Appraisal was a two way process including self-assessment and the manager's view on the staff member's performance which included continuous observation of their practice.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and

the staff were aware of their responsibilities in relation to DoLS.

One person had a deprivation of liberty safeguard in place. This included a clear rationale as to the reasons for it and it had been authorised by the appropriate authority and was in date. Staff had a good understanding of mental capacity and said everyone was able to make their own decisions. However, staff knew what actions to take should a person not be able to make a decision about their health and welfare. Staff had received training and had access to policies and information to support their decision making processes and ensure they were acting lawfully.

People had support to ensure their physical and mental health was promoted. One person told us they only took medication as required such as analgesics but staff supported them with their health care appointments. They said, "I can tell staff if I feel poorly." They said the doctor kept an eye on their blood pressure and they had blood tests. We saw a record of people's health care appointments and any follow ups required and how staff had actioned any advice given. Staff told us and records demonstrated, that people had annual health checks, and regular medication reviews. People had health action plans which enabled staff not familiar with the person's needs, to know any health issues the person had and how they should be met. Staff knew what people's needs were and helped promote healthy lifestyle choices and diets for people particularly those living with diabetes. Staff said there was some access to alternative therapies such as reflexology.

Staff told us they were well supported by the learning disability team, community nurses and epilepsy nurse. Staff were confident in meeting people's needs but said they always had someone to refer to. There was evidence that people had seen a GP, chiropodist and a dentist in the last year and dates were diarised for follow up appointments when required.

Staff were knowledgeable about people's dietary needs and their preferences. Staff supported people in menu planning and shopping. People all contributed to preparing meals and this worked well. Staff received training around nutrition and had an awareness of what foods contained hidden sugars and therefore best avoided. People's weights were monitored and steps taken where risks were identified. This was recorded in people's health care plans and daily notes. We observed people having tea and this was prepared by one person who lived in the service. Menus showed us that people had access to a wide, varied and healthy diet.

Good

Is the service caring?

Our findings

At this inspection we found people were supported in a way of their choosing by staff that knew them well and who had developed trusting relationships with them. People had staff support around their needs and were encouraged to make decisions and choices about their lives. People were supported to access the community and develop social and independent life skills. For example; People told us they had postal votes and were able to decide on who to vote for. One person told us they would like to be more independent and go out more by themselves. Staff told us that in the past this person had become acutely unwell and suffered from high anxiety. Because of this staff had increased the level of support to this person and had established with them what they wanted to achieve. This was being worked towards step by step to ensure the person was not overwhelmed. Staff spoke openly in front of the person asking them if they were happy for them to discuss it with the inspector. The person agreed and was happy to be part of the conversation. This showed respect for the person's wishes and was an inclusive conversation.

Throughout the day and early evening we spoke with people about how they spent their time and what support they needed from staff. This varied from person to person and demonstrated an individualised service around the person's assessed needs. We also viewed people's care plans. These plans demonstrated that people had opportunity to attend voluntary or paid work placements, further education and learning opportunities and accessing social and leisure activities within their local and extended communities. People were supported to become more independent for example: managing their household finances, staying at home alone or going out independently. Using public transport and planning their own holidays. People were supported to stay in contact with family and friends. For example relatives often visited the services and sometimes accompanied people on holiday but still had staff support to make sure the holiday was successful and the person got the support they needed. Other people went away independently with family or stayed over at weekend and holiday time.

People told us and were observed participating in daily activities involved in running a home including cooking and keeping the service clean. The manager explained to us that some people had not wished to contribute to running the household. This had resulted in a house meeting where everyone agreed what jobs they would undertake and agreed to take it in turns to cook. Some people had personal planners which helped them to know when it was their turn to undertake different tasks.

The registered provider used person centred care plans which demonstrated how decisions were reached and who was involved. People were supported to set their own goals around areas of interest. Staff helped them to identify any potential barriers in achieving their goal. By clearly outlying what support the person needed and holding regular review of their goals people were able to achieve. This demonstrated that the service was progressive and proactive in helping people achieve their aspirations. Flexible staffing and close working relationships with other professionals helped to overcome any difficulties people might have by ensuring the right support was in place to help people achieve.

People who were limited in their verbal communication were supported by staff in developing photograph albums of activities and things they enjoyed. They were supported to engage in their meetings and share

their views and wishes. Relatives spoken with were very much involved and their views respected but staff were always guided by the wishes and views of the people they were supporting.

Professionals commented on the positive approach, promotion of choice and professionalism of the registered manager and staff at the service and their commitment to the promotion of people's Independence.

The service was run in the interest of people using it. As people had shared communal areas some common principles and house rules had been agreed to help people live harmoniously. . People had regular meetings to decide what the rules should be and discuss any changes to be made or plans. For example they agreed where they would like to have a holiday, what they would like to do and decided on the menus. We saw minutes of the meetings. There was also a newsletter to keep people and their families up to date with any events/changes in the service. The newsletter commented on any feedback it had received and any actions they had taken to improve the service and to act on people's feedback. One such example was: people requested a television with a bigger screen. The registered manager contacted the provider who arranged for one to be delivered. This updated equipment enabled another request to be fulfilled, i.e. purchasing an internet streaming service. People were consulted about a collective Christmas meal and chose a Chinese restaurant in Norwich.

The service took into account peoples diverse needs. It made information accessible to people and could translate documents or produce in different languages or print for people when needed. Staff received training and support around providing personalised care to people. Staff had completed care planning and dignity and respect training. Staff told us that people had their own space and were tolerant of each other but had set behaviours and routines which staff were aware of and supported people accordingly. At least one person went regularly to church and people were given the opportunity to follow a religion or practice a faith.

Good

Is the service responsive?

Our findings

The service accommodated people's individual needs and staff worked flexibility to ensure people's needs were met according to their wishes. On the day of our inspection one person was at home because the day centre they attended was closed. In response to this, staff took the opportunity to engage with the person throughout the day and spent time with them. They went out for a walk and had lunch with staff. After 3pm people started to arrive home from different day placements. They arrived home separately in taxis, buses, independently or with staff support. On arriving home staff supported people and people made themselves drinks, were supported to cook the evening meal and others relaxed. Evening activities were planned for some people. The service had an in-out board which helped staff know who had gone out but it was common practice for people to let staff know when they were going out.

We spoke with five people. One person answered our questions and told us how much they enjoyed their holidays and showed us their photographs. Another person told us they spent a lot of time with their family but were happy to come back. Staff told us it was because they had settled well and regarded it as their home. They said they liked to go bowling and had recently been on a holiday. Another person told us they had been to the seaside recently. One person had worked at a local farm which was open to the public. They now worked at a charity shop; others did volunteer work or attended day centres. People told us about courses they had attended including healthy eating courses and food hygiene. People told us they all took turns in choosing the evening meal and then preparing it for everyone. People did their own laundry and contributed to the housework. People required minimal support with their personal care but needed more help around developing independent living skills such as budgeting and going out safety. People confirmed they had regular holidays with family, with staff and sometimes with both.

Staff told us special occasions were noted such as Halloween celebration and pumpkin carving, pumpkin pie, decorating the house and dressing up to 'scare' the trick or treaters. Staff also said people attended local village fetes, town carnivals and local shows that were of interest to them (e.g. dog shows). They travelled on the local train to a neighbouring town as well as many weekend trips out to local seaside resorts and to shopping centres from Yarmouth to King's Lynn.

Staff said they supported people emotionally and said some people could be vulnerable at times and lacked insight into their own behaviour. This included disclosing personal information to people they did not know. Staff told us how they supported people to stay safe and staff helped them to try and understand the consequences of their actions. Some people were quite anxious but staff were able to provide reassurance and divert people's attention away to more positive things, and not allowing them to dwell on things for too long. Staff helped people have predictability and clearly understood and followed routines which helped minimise their activities.

People only moved to the service following an extensive assessment carried out by the manager and social services. The person had the opportunity to visit the service as many times as they needed to help them decide if it was the right environment to meet their needs. The service had a clear admissions policy and criteria to help decide if the service would be appropriate to the person's needs. The services were

sufficiently adapted making it suitable for people with a physical disability. The service had a statement of purpose and service user guide which had relevant information about the service and what people could expect from it. People were issued a service user guide to be used as a reference guide.

There was a new admission checklist which acted as an audit tool and told us what would be in place at the point of admission including a full assessment of needs, care plans and risk assessments. This enabled staff to provide the support the person was likely to require from the start. The exception to this was in the case of an emergency admission. However, there was clear guidance as to what constituted an emergency and what safeguards were to be put in place to ensure the safety and well- being of other people using the service. Initial assessments and care plans were kept under review to ensure they were appropriate and relevant. Staff recorded information as required and used records to report anything out of the ordinary such as episodes of distressed behaviour, changes in the person's health, any forthcoming events, appointments or steps achieved towards a recorded goal. Everyone we spoke with were familiar with their care plans, the purpose of them and told us they were involved and consulted about their needs and the support they required.

The service provided flexible support according to the person's needs. Some people had moved from their family home whilst others had already lived independently but had not managed without the necessary structure and support in place. The manager told us that people had the option as their needs changed to move between services. For example, one person lived in the residential home but it was then agreed that their needs would be better suited to living in the supported living service. Staff were able to accommodate this and this meant the person had their own space whilst still being able to maintain contact with people they previously lived with. Other people had gained the necessary skills and confidence to move out into their own house in the community and live independently. One couple having met at the service had got married and moved out to live as a couple.

People were supported to be as independent as they wished and had personalised support based on their needs. We asked the manager to demonstrate how they supported people to live the lives of their choosing. They gave us many examples including the story of one person who had initially moved into residential care. They had difficulty regulating their behaviours and were not confident in accessing different activities in the community. However, in time and with a lot of support, they were able to move into their own home within the supported living service with less staff support. They learnt to manage their own finances and eventually were supported to get a job. The manager said this was one of their goals and helped them to feel part of the community and learn new skills which were important to their self- worth. They wanted to go on holiday which was a big experience for them and staff supported them in choosing a holiday right for them and they had photographs to remind them on their trip. The manager told us their journey had been a positive one and their experiences reflected the services mission statement which stated, 'The aim of the service is to support individuals to become more independent and make decisions, as they have rights to choices just like the rest of society.

We spoke with several family members who told us there was always something going on in the service and people were supported to be independent and undertake different activities throughout the day. Relatives told us about evening activities as well as vocational, supported employment and volunteering opportunities. People had a number of leisure opportunities, holidays and day trips and whenever possible used public transport. Staff told us there was a high level of choice and they worked closely with other services to ensure people had meaningful occupation and opportunity to undertake other areas of interest. The service had arranged with a local person to use their swimming pool which suited some people more than using the public pool. People regularly attended clubs, including night clubs, and social groups. People had personal planning books in which they recorded personal goals. There was evidence of how people

were supported to achieve the things they wanted to. For example one person went to the other side of the world to visit family. Staff had taken the time to help them put all their photographs together to help them relive their experience. The person could be anxious but were happy to sit and show us their photographs and recall their experiences. There were regular activities and also activities planned for the future such as Christmas shows and local events. Staff gave examples of how people's interests and hobbies were supported, for example one person attended a Star Wars convention in London.

We viewed a number of care/support plans and found they followed the same format which made them easy to read and information was presented in a logical, clear way. Support plans reflected the person's needs preferences and diversity. They included a care plan summary, essential information (e.g. known likely emergency situations), health, personal hygiene, behaviour, communication, daily routines, weekday activities, evenings and weekends and arrangements for money. Risk assessments were viewed alongside care plans. There was evidence that support plans and care plans were kept up-to-date and enabled staff to monitor and demonstrate how they responded to changes in people's health care needs or social care needs. Staff told us not everyone had recent contact with social workers but the service planned reviews and invited all interested parties to attend.

There was a complaints procedure and people had access to information so knew what they could expect and what they could do if the service fell below a certain standard. No complaints were seen for this service. However there was a lot of information about how people could raise concerns and they were supported by staff to do so.

Good

Is the service well-led?

Our findings

Relatives and professionals we spoke with considered the service to be very well led and felt the whole management team were open, transparent and forward thinking. They were extremely positive about the care and support offered to people who used the service. This was also reflected in the professional feedback collated by the provider as part of their overarching quality assurance system. One relative said, "A first class home, always a pleasure to attend." Another said "They love living at Link House and are always happy and settled." Another said, "My daughters care is exceptional." Another wrote to CQC and told us, "This home should be recommended for the way they have been treating her, (family member) daughter. They get excellent care. Staff are absolutely brilliant. Service users are treated like human beings. Staff go above and beyond. Always take the service users out to do fun stuff with them. The manager is absolutely fantastic – so lovely." One staff member said, "The manager is fantastic, really appreciative, very approachable, caring and promote people's well-being."

The manager had been registered for three years and managed two registered services. One for people living in their own homes and one for residential care. They had been involved with both services for about twelve years, having first been employed as a support worker. They had been successfully promoted and had undertaken a range of relevant health care qualifications and had a qualification in management.

The manager demonstrated a clear passion and commitment for the people who used the service. They were able to clearly explain the differences between both services and how they were able to meet a wide range of needs and support people to access the community and live as independent lives as possible. Both services were managed to a high standard and provided consistently high standards for people living there. The manager told us the provider gave them autonomy to manage within a clear framework and accessible support from themselves and external consultants. The manager promoted an open and transparent culture, with clear vision and values for the future which they shared with staff to help promote a high quality service throughout both services. We found staff to be committed and benefitted from shared values and a passion for their work. The registered manager, senior staff and compliance manager all spent time working alongside staff to model the behaviours and actions they wanted to see to drive up improvements and quality.

Some people felt a bit unsure about what was happening as the manager was preparing to leave and hand over to a new manager who at the time of our inspection had already been recruited and had worked in the care setting for many years. However they later did not take up the post and a new appointment was made without delay. We asked the provider what support they were putting in place to support a new person taking up the appointment and were happy with their response. The existing manager would provide on-going support for at least four weeks including two weeks on-going induction. In addition the provider said they were able to support. Continuity of care was assured as the service employed long standing, well qualified and experienced staff and a compliance officer who had sufficient oversight of the service.

The two services were supported by a compliance officer who kept up to date with regulations governing the different care sectors and ensuring they were complying with legislation. They were knowledgeable and

supported the manager in reviewing and writing guidance and policies for staff. This was bespoke for the individual service types and took into account different pieces of legislation and the key lines of enquiry underpinning CQC inspections. They told us in reviewing policies or introducing new ones, they only did so with the involvement and discussion with staff. This was to ensure policies reflected what staff did in practice and identified what the service needed to put in place to help staff do their jobs properly. There were staff handbooks which highlighted policies staff needed to be aware of.

Both the manager and the compliance officer attended seminars to keep their knowledge up to date. They had done the care certificate, a new national induction framework for care staff. They had implemented it at the service and were using it effectively to assess staffs competencies. They had also attended courses on managing effective staff teams, safeguarding people, care provision and a conference for people living with various disabilities. This helped ensure all staff had up to date knowledge.

Both services were overseen by the provider, who was described as supportive and approachable. Staff said anything they requested was provided within reason and they recognised staffs hard work and provided bonuses particularly at Christmas, such as paying for a staff meal. The manager wrote a monthly report for the provider advising them of any changes, adaptations required and said the provider always responded to any requests but did not frequent the service very often but considered them accessible. They told us most of their support came from external consultancy and from the compliance officer. In addition, they referred to the manager's network, through skills for care workforce and independent care matters. They said this was a forum for managers where they could share initiatives and receive updates of changes in adult social care and the policies that governed them.

There were regular opportunities for people to comment on and influence the service they received. The manager worked alongside staff and knew people well and any issues concerning them. Staff were committed to understanding and helping people to communicate their views and using and adapting people's preferred communication systems to gain their input. Records seen from meetings held confirmed this process In addition the service had an annual service review in which they asked people, their families, care managers, health professionals and day services about their views on the care and support they provided. This helped the service to forward plan and make the necessary changes based on the feedback. This feedback was clearly documented in the newsletter showing how the provider was responding to feedback and it was widely circulated. Including the day services. The manager gave us examples of how the provider responded to feedback and demonstrated how the service was led by people's wishes.

The manager and compliance officer had a clear overview of risk and carried out regular audits to ensure the service was being run safely and all known risks reduced as far as reasonably possible. We saw planned maintenance checks were carried out as well as regular spot checks and audits for medication, finance health and safety and records. Learning from accidents and incidents took place and were reviewed by the manager and compliance manager. The provider had oversight of this. Information analysed enabled staff to identify any emerging trends and to take action to reduce the risk of further occurrences. This showed us that the provider took all incidents seriously and had systems in place to learn from events and use this to shape and improve their practices.

Records within the service were well organised and staff were able to easily access information from within people's care records. Regular audits of records and staff practices were in place to monitor the quality of care and identify areas where improvements could be made and we saw they had been completed.

People using the service were very much part of a wider community and able to access the facilities locally and further afield. The manager reported excellent relationships with the local neighbourhood and families

of people being supported. They said when possible they attended local events and supported local charities, and took part in sponsored walks which meant people engaged and gave back to their communities.