

Shaw Healthcare (Specialist Services) Limited

The Links

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 21 November 2018 and was announced. The provider was given 48 hours' notice because the service was small and people were often out during the day and we needed to be sure that someone would be in.

At our last inspection on 29 December 2015 we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' overall. We found the service continued to meet people's support needs.

The Links is registered to provide accommodation and support for up to five people who lived with a mental health condition, learning disability and/or associated need. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were two people living at the home.

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

People continued to receive a safe service. Staff knew what abuse was and received training so they knew how to take action where people were at risk of harm. There was enough staff to support people and a recruitment process was in place. Risks to how people were supported were assessed and monitored to keep people safe.

People continued to receive an effective service. Assessments showed people's support needs and their preferences were identified to ensure the service could support them. Staff received the necessary support so they had the skills and knowledge to meet people's needs. While no one lacked capacity, the provider ensured staff received training in the principles of the Mental Capacity Act 2005. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People decided when and what they had to eat and drink and was able to prepare their meals with little or no support.

People continued to receive support from staff who showed compassion and were caring. People made their own choices with support from staff where needed. People's privacy, dignity and independence was respected.

People continued to receive a service which was responsive. People were involved in the assessment and care planning process. Staff supported people in the activities they chose to take part in. People knew how to raise a complaint.

People continued to receive a service which was well led. The provider had systems in place to monitor the quality of the service and carry out spot checks. People were able to share their views by completing a provider questionnaire. There was a registered manager in post.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and was completed by one inspector on the 21 November 2018 and was announced. The provider was given 48 hours' notice because the service was small and people were often out during the day and we needed to be sure that someone would be in.

Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

During the inspection we spoke with both people who used the service, two staff members and the registered manager who was available throughout the inspection.

We looked at the care records for one person who used the service. The management of staff training records as well as a range of records relating to the running of the service. This included fire assessments and complaints.

Is the service safe?

Our findings

People told us they were safe. A person said, "I do feel safe with the staff". Staff could explain the actions they took where someone was at risk of harm. A staff member said, "I have done training in safeguarding and would report any concerns to the manager. If they did nothing I would go above to their line manager and so on".

We found that systems were in place to manage risks. While we found that people were independent and required little support from staff. Where there were risks these had been identified and managed. Staff explained the risks they were aware of and the actions in place to reduce the risks.

There were sufficient staff on each shift to support people and people told us there was able to get support when needed. A person said, "Yes, there is enough staff". We found a robust recruitment systems in place and a Disclosure and Barring Service (DBS) check and two references were being sought. This check was carried out to ensure staff were suitable to work with people.

While we found only one person was taking medicines and staff were not required to support them. We found there was a storage system in place so the person could store their medicines safely in their room. Staff told us they had received medicines training so where people were referred to the service who needed to be administered their medicines they were able to do so.

Risks to people were managed and reduced. Staff explained that risk assessments were carried out and they were able to access them when required. Where the registered manager identified risks to the environment where people lived, they explained how these were managed to reduce risks to people. Accident and incidents were logged and the registered manager explained how trends were monitored to ensure accidents and incidents could be reduced.

Staff had access to personal protective equipment and told us they received training in infection control.

Is the service effective?

Our findings

The provider carried out pre-admission assessments to ensure they were able to meet people's support needs. People told us while they could manage and lived independently staff knew what support they did need and was able to provide this. A person said, "Staff support me with preparing my meals". Assessment documentation had the appropriate information so staff knew the support people needed, their preferences, likes and dislikes.

Staff received support when needed. While the people currently receiving the service did not need staff to support with personal care staff were able to offer interaction and support with daily living tasks. Staff told us that they received supervision regularly and had a staff meeting the previous day. A staff member said, "I am able to get support when needed". Staff induction took place and we saw that the Care Certificate standards were an integral part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. Staff understood both people within the service and supported them based upon their individual needs.

People were able to help themselves to food and drink when they wanted. People told us they went out with staff to buy the food and drink they wanted. A person said, "Staff do support me with shopping and going out". We found from staff that while people needed limited support they understood the importance of healthy eating and was able to encourage people to buy and eat healthy.

Care records showed people saw health care professionals when needed. Staff supported people to access wellbeing checks so their health and wellbeing was monitored. Staff supported people to appointments and hospital visits to provide reassurance. This meant that people were supported with their health care needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Our observation were that staff sought people's consent and people decided what they did and where they went. Staff confirmed they had received MCA and DoLS training so where people lacked capacity in the future they had the skills and knowledge to be able to understand the importance of how people were supported in their best interest.

Is the service caring?

Our findings

We observed staff speaking with and showing people kindness and compassion. A person said, "I love it here, staff are very good". A staff member explained how both people within the service were like their family. Staff demonstrated they understood the people they supported and knew what they like to do. We were told about people's family, their friendships and what may cause them distress. We saw from our observations that people were relaxed around staff and we saw positive interactions.

Due to the nature of the service relatives did not visit the service however people had contact with their relatives when they wanted. One person explained to how they saw their relative every week. People within the service did not demonstrate the need for an advocate, however, the registered manager explained an advocate would be made available where people needed one. Staff confirmed an advocate service was available and it was used by people in the past.

We saw people making decisions as to whether they went out socialising and what they had to eat and drink. We observed staff listening to people throughout the inspection and people told us that staff always listened to them. People told us they attended meetings outside of the home where decisions were made about them and they were able to share their views as part of the decision making process.

People's privacy, dignity and independence were promoted and respected by staff. People lived independently and needed little if any support from staff. Staff supported one person with their meals and when people went out of the home to ensure their safety. People we spoke with confirmed this and told us staff respected their privacy and independence as staff never entered their room without their permission. Staff showed us they understood how to promote people's privacy, dignity and independence. Our observations of staff interacting with people showed they understood the importance.

Is the service responsive?

Our findings

Staff knew what people like to do and supported them to do so. People's preferences, likes and dislikes were noted within the care records so staff would know how best to offer support. People lived their lives how they wanted and went out of the home regularly as part of how they chose to socialise. A person told us they had friendships outside of the home and visited their friends when they wanted. Staff showed they understood people well and could intervene where people's behaviour required them to do so. Reviews took place and we were able to confirm this. People told us they took part in reviews about the support they received. A person said, "I do attend reviews".

People received information and communicated their views. The requirements under the Accessible Information Standard (AIS) were being met. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The registered manager was not aware of the AIS but told us they would ensure all staff received information on the standard.

There was a complaints procedure in place which the registered manager followed and this was monitored by the provider through their quality assurance team. We found that while people had not made any complaints they knew how to. One person said, "I would tell the manager if I was unhappy, but I have never had to complain". Staff could demonstrate they knew what to do if they received a complaint. The registered manager could explain how trends were monitored by the provider externally to the home.

The service was not currently supporting anyone who was receiving end of life care.

Is the service well-led?

Our findings

There was a registered manager. 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 registered manager show they understood their responsibilities for ensuring we were notified of any deaths, incidents or safeguarding within the service.

There was a clear vision and culture that the registered manager and staff were able to work towards. The service was person focussed and driven by what people's needs were, identified within their care plan. The service success was based upon people being able to leave the service and live independently within the community which they were currently successful at doing. The registered manager was able to explain to us the vision and how as a service the vision was being delivered.

People told us they knew who the registered manager was and that they were approachable, kind and caring. A person said, "The manager is approachable and nice". Staff confirmed how supportive the registered manager was and they could speak with them about anything. A staff member said, "They always says thank you at the end of my shift".

We found the home's environment to be homely, warm, open and well looked after. The lounge areas were relaxing and people were able to decide how they used the space available to them. A person said, "I really like living here, I chose this home because of the staff and the location to my friends and family".

People shared their views by completing a provider questionnaire and feedback was used to develop the service. The registered manager told us that questionnaires had recently been sent out for people to complete. Staff we spoke with confirmed this and told us they were also able to share their views.

We found that the registered manager and provider carried out quality assurance audits, spot checks on staff. People told us they saw the registered manager consistently walking around the home checking and staff we spoke with confirmed what people told us.

A whistle blowing policy was in place and staff confirmed this and explained how it would be used.

It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.

We found that due to the nature of the service they worked closely in partnership with other agencies for example, the police, social workers, commissioners, hospital consultants and psychiatrists. We saw evidence of the type of information that was shared and discussed in order to support people and keep them safe.