

Mrs Karen Bradley

Links Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 November 2014 and was an announced inspection. This meant the staff and provider knew 24 hours before the inspection we would be visiting. This was because as a small home for people with learning disabilities, people are often out during the day.

Links Lodge is a detached building situated in a residential area of North Shore, Blackpool. The home is registered to accommodate up to ten adults, with a learning disability who require assistance with personal

care. The home specialises in supporting people with learning disabilities who are living with dementia. At the time of our visit ten people lived at the home. Eight people had both learning disabilities and dementia.

Most rooms were of single occupancy, with one double room available for those wishing to share facilities. Some rooms had en - suite bathrooms, but communal bathing facilities and toilets were available throughout the home. There were garden areas to the front and rear of the building.

Summary of findings

The service was last inspected in August 2013. They met the requirements of the regulations during that inspection.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

Risks to people were minimised because the registered provider had procedures in place to protect them from abuse and unsafe care. People who were able to communicate verbally, told us they felt safe in Links Lodge. One person said, "I like it here. All the staff are good to me. They look after me." Relatives told us that their family members were well looked after and were safe. They said that they had no concerns about their safety at Links Lodge. A relative said, "We are so happy with the care [our family member] gets. We can trust the home and staff and can go on holiday without worrying." Another relative said, "[Our family member] is even safer there than with me."

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with them to check their understanding of MCA and DoLS. Where people lacked capacity, best interests meetings involving the person, relevant professions and relatives were taken over any important decisions and the discussions, the options considered and the agreements made recorded.

We looked at how the home was staffed. There were enough staff to meet people's needs in the home and local community. People had personalised care at a time that suited their needs. We saw that the staffing was structured to the needs of the people who lived at Links Lodge and not the organisation. One person told us "I love it here. The staff are great - the best". A relative said, "[The provider] only has the best staff. They are all excellent." Another relative commented, "It is a happy family run home with fantastic staff."

Recruitment was safe and robust. People were protected from unsuitable people working in the home because the home's recruitment procedure was followed and appropriate.

Relatives told us the needs of their family members were very well monitored. They said staff quickly responded to any changing needs. They added they were informed about any needs identified, asked their views and involved in any decisions. One relative told us, "I have the utmost confidence in the staff. They are really on the ball." Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

The staff team were very aware of the importance of eating and drinking well particularly as the people they supported had complex needs, learning disabilities and were living with dementia. Staff used innovative methods to enable people to have a varied, interesting and nutritious diet. They used a variety of 'food smells' and picture menu's to enhance people's appetites and choose food. Staff realised that one person used to thoroughly enjoy bacon sandwiches but now had a soft diet. They sought out a specialist food provider who made 'pureed bacon sandwiches'. The person ate this 'sandwich', smiling as they did so.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. All staff routinely treated people with kindness and respect. A relative told us, "The staff are remarkable, they are always cheerful and caring. They are wonderful, they 'go the extra mile'."

Staff told us they had excellent access to training and were strongly encouraged to develop their skills and knowledge. One member of staff said, "You only have to ask for particular training and if it will benefit residents we get it, no problem." The management team worked in partnership with dementia and learning disability organisations. They also used specific systems developed by these organisations to make sure they were training staff to follow best practice. This helped people to experience an exceptional level of care and support that promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life. A member of staff told us, "It is a privilege to work here. We make a real difference to people so they can still have a good life, going out and enjoying themselves as long as possible."

The vision and values were imaginative and person-centred and made sure people were at the heart of the service. The staff team looked at innovative ways of including people in planning their care, gaining their views and in choosing activities. They used iPads and other technology to assist people in retaining skills and in

Summary of findings

activities. The service user guide, care plans and complaints procedures and newsletters were provided in easy read and DVD format. This meant more people could access them and to encourage people to be involved in making choices and understanding information about the home.

Staff were exceptionally focussed on people's needs especially their individual communication needs. As several people did not have verbal or formal recognised communication staff observed and recorded their reactions to different events, situations and activities. We saw that people were showing evidence of great enjoyment and interest in the conversations with staff and despite their limited verbal communication these conversations were clearly not one sided. This showed the excellent communication skills members of staff had and their inspirational ability to encourage a high level of interaction with people.

Staff inspired people to try different and varied social and leisure activities so that despite their increasing dementia they were able to live life to the full. These included according to individual's likes and dislikes, circus, shows, sports and music events and theatre. Staff used specialist

equipment including light sensory equipment and music to assist relaxation. Staff had been on training to use iPad's to their best effect and were enthusiastic about assisting people to use these. One member of staff told us, "It is amazing how these get people interested."

The home had a clear management structure in place. The registered provider and management team were experienced, knowledgeable and familiar with the needs of the people who lived at Links Lodge. They frequently audited the quality of the service. Any issues highlighted in the audits were quickly acted upon and any lessons learnt.

Staff told us they were highly motivated and inspired by the registered provider and management team who researched new ideas on dementia care and learning disabilities and attended care shows in order to develop the service and improve care. People and their relatives told us the registered provider, management and staff team were approachable and available and willing to listen to people. One relative said, "This home is far superior to anywhere [our family member] has been before."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so that people were safe but had the most freedom possible.

Staffing levels were high and staff appropriately deployed to provide safe care. Staffing was structured to the needs of the people who lived at Links Lodge and not the organisation. The home had changed the ways that staffing hours were provided to give people personalised one to one care at a time that suited their needs.

Medicines were managed safely and people were given their medicines as prescribed. One relative told us that staff had listened, involved them, arranged and supported them during a meeting with a GP, when they wanted to discuss a change of medication.

Good



Is the service effective?

The service was effective.

People experienced an exceptional level of care and support that promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life. As well as frequent outings and social activities, the staff had made excellent use of technology including IPAD's, light and sensory equipment.

People were offered a choice of healthy and nutritious meals of their choice. Staff were proactive in providing favourite meals for people. Where staff were unable to provide a favourite pureed meal for one person, they sought out a specialist food provider who made textured meals which enabled person to have this.

Staff had excellent access to training and the management team used innovative ways of training staff to assist them in providing a high standard of care to people. They worked in partnership with dementia and learning disability organisations and used specific systems developed by these organisations to make sure they were training staff to follow best practice. Staff were expected to work with what they had learnt on training sessions and show in a practical way how this had benefitted people.

Procedures were in place to enable staff to assess peoples' mental capacity. Best interest meetings were held where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

Outstanding



Is the service caring?

The service was caring.

People and their relatives told us they had an excellent relationship with the staff and management team. Relatives said they were extremely pleased with the care and support their family member received. They trusted the staff and knew their family member was exceptionally well cared for.

Good



Summary of findings

We saw staff were excellent communicators enthusiastically interacting with people involving them in conversations and activities. They gave people plenty of time to reply to questions, where they were able to communicate verbally. Where people communicated in other ways, staff observed people's reactions to questions and had thorough knowledge of their individual communication.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. They took into account people's individual needs especially their communication needs when they supported them.

Is the service responsive?

The service was responsive.

The home's pre admission process was excellent. It was person centred and timed around people's needs, even if this left a lengthy vacancy in the home. People were encouraged to visit regularly, sometimes over several months, to make sure they were comfortable with the staff team and their new home.

Care plans were very person centred. They were available in text and easy read versions, and a DVD option was being developed. People and their families had been involved in developing these. Relatives reported that the home was very proactive and responsive in providing extra staffing, care and equipment to meet people's changing needs. They told us that staff became more creative at involving people as their communication and other skills deteriorated.

The staff team regularly researched for new and innovative ways of supporting people. They linked with a variety of dementia care and learning disability organisations. They researched and used specialist packages to assist with supporting people including specialist media or technology equipment to provide person centred care based on best practice.

Staff supported people to get involved in frequent and varied activities. They were flexible and creative and responded to people's individual needs and preferences. They looked at innovative ways of including people in planning their care and in choosing activities where people could no longer make a verbal contribution due to their increased support needs.

The complaints procedure was in an accessible format, easy read or as a DVD. People and their relatives felt that any ideas or concerns were listened to, taken seriously and enthusiastically acted upon. They said that staff encouraged questions and ideas on how to improve people's lives and researched new ideas and they constantly looked at ways to improve people's lifestyles.

Good



Is the service well-led?

The service was well led.

There were procedures in place to monitor the quality of the service. Audits were being completed by the provider and management team. Any issues found on audits were quickly acted upon.

Good



Summary of findings

People told us the provider, management and staff team were approachable and available and willing to listen to people. One relative said, “This home is far superior to anywhere [our family member] has been before.”

The management team strived for excellence through consultation, research and reflective practice. Where it seemed these would be beneficial, and improve the service, they were implemented.

There was a range of ways for people to make their views known. There were regular surveys asking views and a regular newsletter to people and their relatives with information on current plans, staffing, activities and any other relevant information. The newsletter included many photographs to aid discussion and was also provided as a DVD.

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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 inspection took place on 26 November 2014. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in to take part in the inspection

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Links Lodge had experience of services that supported people with learning disabilities who were also living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We also spoke with health care professionals, the commissioning department at the local authority and

contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However although we saw evidence that the registered provider had returned the PIR to us by email, we had not received this.

During our inspection we spent time observing the care and support being delivered throughout the communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the service. They included the registered provider who was in day to day control of the home, four members of support staff on duty, three people who lived at the home, and as most people in the home had limited communication we contacted and spoke with five relatives.

We looked at the care records of three people, the medicine records of five people, the previous four weeks of staff rota's, recruitment records for three staff, the training matrix for all staff, and records relating to the management of the home.

Is the service safe?

Our findings

Risks to people were minimised because the registered provider had procedures in place to protect them from abuse and unsafe care. Most people had limited verbal communication. However they said Links Lodge was 'nice' or gave us a big smile when we asked about the home and staff. People who were able to talk with us, told us they felt safe in Links Lodge. One person said, "I like it here. All the staff are good to me. They look after me."

Relatives told us that their family members were well looked after and were safe. They said that they had no concerns about their safety at Links Lodge. One relative told us, "We are so happy with the care [our family member] gets. We can trust the home and staff and can go on holiday without worrying." Another relative said, "[Our family member] is even safer there than with me."

There had been no safeguarding alerts raised about the service in the previous twelve months. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed us that they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

There was a transparent and open culture that encouraged creative thinking in relation to people's safety. Risk assessments were in place to reduce risks to people's safety. Restrictions were minimised so that people were safe but had the most freedom possible. Where there were concerns about a person being safe in bed the staff team looked at alternatives to bed rails. They risk assessed whether using low or adjustable beds would be safer and more effective. These measures helped reduce the risk of falls and injuries.

People had personal evacuation plans in place. These assisted the staff team to plan the actions to be taken in an emergency. People were able to spend time in their bedrooms, all communal areas of the home and garden and were supported to access the local community. Records showed that any accidents or incidents, complaints, concerns, whistleblowing and investigations were monitored and evaluated for lessons learnt. From the outcomes of investigations changes to care were made if

needed, such as increased lighting to help people see any obstacles more clearly or the use of specialised equipment. This reduced the risks to people and helped keep people safe.

One person enjoyed spending time alone in the front garden. Staff wanted the person to be able to do this but they were concerned they may leave the safety of the garden. However they did not want to lock the garden gate and restrict the person in that way. After discussing how best to manage this, the staff team decided on each shift a member of staff was responsible for quietly observing the person from inside if the person wanted to go outside. If the person started to leave the garden to walk down the street, the member of staff went outside and walked with them. They then walked together back home. This gave the person the freedom they wanted but still ensured their safety.

Where people had displayed behaviour which challenged the service, we saw assessments, guidance to staff and risk management plans were in place. Staff spoken with were familiar with this information and aware of how to support people. This meant staff had the guidance and support they needed to provide safe care.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. Most people were highly dependent and needed a lot of staff support. We saw there were enough staff to support people safely and provide individual attention and activities in the home and the local community. People we spoke with and relatives were pleased with the staffing levels they or their family member received. One person said, "There is always someone to take me out here." A relative said, "[our family member] is always out doing something and never bored."

The staff we spoke with told us that there were enough staff to meet people's needs. They said they had time to support people on outings, holidays and activities and to support people who chose to stay at home. One staff member told us, "It's a great place, we get to spend quality time with the individuals."

We saw that the staffing was structured to the needs of the people who lived at Links Lodge and not the organisation. The home had changed the ways that staffing hours were provided to give people personalised one to one care at a time that suited their needs. There was a low turnover of

Is the service safe?

staff within the home and staff were familiar with the needs of individuals. Relatives said they were pleased with this. Staff said agency staff were never used and staff would agree to work additional hours if any additional staff cover was needed. They told us that morale was high and they worked to support people well as a team.

We looked at the recruitment and selection of three members of staff. People were protected from unsuitable people working in the home because the home's recruitment procedure was followed. The application forms were fully completed and gaps and discrepancies in employment histories followed up. This meant senior staff knew the employment details for each prospective member of staff.

The staff files we looked at showed us that a Disclosure and Barring Service (DBS) Adult First Check and full DBS (formerly CRB check) had been received before new staff were allowed to work in the home. These checks are made by an employer to make sure that a person is permitted to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received. All prospective members of staff had had interviews. People who lived at Links Lodge were part of the interview process, either formally or informally. Records were kept of the interview.

We looked at how medicines were managed. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed a member of staff giving medicines.

We saw that medicines were given safely and recorded after each person received their medicines. The management team were working with the pharmacist to develop more informative medicines sheets for medication which was only given when necessary. This was supporting staff to further improve medicines management.

All except one member of staff had been trained in the management of medicines. This member of staff was not allowed to give medicines until she had received medicines training. This meant they would have the skills and knowledge to manage medicines safely by the time they were giving medicines to people.

The management team had audits in place to monitor any medication procedures and to check compliance with procedures. Where any errors were made, they were able to investigate these and supervise and support the staff who made them. This was helpful as general issues could be discussed with the team and lessons could be learnt, therefore improving practice for the future.

Staff involved people and where appropriate, their relatives in the regular review and risk assessment of their medicines. One relative told us that staff had listened, involved them, arranged and supported them during a meeting with a GP when they wanted to discuss a change of medication. Another relative told us, "The manager is keeping us fully informed and involved including the changes to [family member's] medication, and they have acted upon our suggestions."



Is the service effective?

Our findings

Specialist dietary, mobility and equipment needs had been identified in care plans, following current good practice for people with learning disabilities and dementia. The registered provider told us of the good links with psychology, epilepsy, occupational therapy, continence services and dieticians to ensure the most effective care and support for people. Records seen reflected this. This meant people received care to meet their individual needs. Professionals told us that Links Lodge was providing an excellent person centred service and people's needs were met quickly and proactively. Relatives told us the healthcare, social, occupational, equipment and dietary needs of their family members were very well monitored. They said staff quickly responded to any changing needs. They added they were informed about any needs identified, asked their views and involved in any decisions. One relative told us, "I have the utmost confidence in the staff. They are really on the ball."

Staff we spoke with told us they had excellent access to training and were strongly encouraged to develop their skills and knowledge. One member of staff said, "You only have to ask for particular training and if it will benefit residents we get it, no problem." Staff told us they were encouraged and supported with frequent and relevant training and support. A member of staff said, "We get to go on loads of really good training. We are expected to learn as much as we can, and then discuss how we can use it, which is right as it then makes life better for the residents." Training methods included formal courses, DVD and questions, role plays, experiential learning and interactive experiences. Staff were expected to work with what they had learnt on training sessions and show in a practical way how this had benefitted people. From one dementia course, staff rearranged a person's bedroom so they could always see staff. This reduced their levels of anxiety and they were more settled and content.

Staff were expected to get involved in a variety of training including health and safety, moving and handling, food hygiene, safeguarding, medication administration and respect and dignity. Staff had received extensive dementia care and learning disability training including the use of specific packages to assist them in planning care. The management team had researched the use of iPads to improve the quality of life for people with dementia. They

discussed this with people, relatives and staff and bought these and appropriate software. Staff received training on how to use information technology and assisted technology to benefit the people they supported. Staff showed us how they used the interactive packages with people to gain their views and information about their likes and dislikes, as well as to enjoy fun interactive games. We saw people became attentive and interested in the software with staff support. This meant that staff had the skills and experience needed to care for people and were able to meet their needs and extend their horizons.

Relatives told us they thought the staff were exceptionally well trained and supervised. One relative said, "[The provider] only has the best staff. They are all excellent." The provider placed a great emphasis on having staff who were highly trained stating, "Staff are strongly encouraged to develop their skills. If they don't commit they are not in the right job." Staff had lead responsibilities including sourcing new and innovative training, dementia care and infection control and they discussed and developed this in supervision with the provider.

Staff received regular supervision and annual appraisal. This is where individual staff and those involved with their performance, typically line managers, discuss their performance and development and the support they need in their role. They are used to assess performance and focus on future objectives, opportunities and any resources needed. Staff told us these were some of the ways that the management team supported them and encouraged them. A new member of staff confirmed that she had a comprehensive induction period which included shadowing a senior member of staff. She also confirmed that she met daily with the senior member of staff who set her learning targets for that day.

The management team worked in partnership with dementia care and learning disability organisations. They also used specific systems developed by these organisations to make sure they were training staff to follow best practice. One system was aimed at improving outcomes for people by auditing workforce behaviours and the physical environment and assessing their activity levels. From this the staff team looked at ways of improving the support they gave people and changed some areas of the environment. One person's bedroom furniture was moved and doors kept open with fire safety approved hold open devices so they were able to see staff from their room. This



Is the service effective?

reduced their levels of anxiety. The system provided training for the whole team to assess people's activity levels and provide activities which supported the person's well-being.

The staff had researched good practice regarding the environmental needs of people with learning disabilities and dementia with decoration, signage and adaptations. They took into account guidelines by the Alzheimer's society, Down's syndrome association and other organisations. Staff had been trained in specialist support of people living with dementia and learning disabilities. This included enhancing people's physical, mental and emotional well-being, improving communication, the environment and extending dementia friendly activities. This helped them drive improvements in the service they provided.

There were measures to improve the well-being and independence of people with learning disabilities and those living with dementia. After researching good practice the staff team provided people specific crockery and utensils to help people at mealtimes. This included contrasting coloured crockery and table cloths. Where appropriate the staff team used higher than normal lighting levels and enhanced use of natural daylight. They also provided dementia friendly, contrasting, furniture and fittings which were easy to open, and with no sharp edges. These assisted people to remain as independent as possible. This meant mealtimes were enjoyable and relaxed and people had the correct equipment to be as independent as possible. Staff supported people well, and people had the time they needed to eat all their meal. Sometimes people ate together at other times alone because of their individual activities.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life. As well as frequent outings and social activities, the staff had made excellent use of technology. Light and sensory equipment was in use throughout the home which assisted in providing a stimulating or calming environment for people.

There were several iPad's with specialist programmes in use. People were using the iPad's either with full support or a little supervision to interact with others and to get involved in stimulating and enjoyable activities. The home had a separate lounge/dining area that was used as a sensory area. There was a large screen for screening

people's home-made, personal DVD's and for films. Staff had been encouraged to attend 'iPad to inspire' training to provide them with the skills to support people with this technology.

The staff team were very aware of the importance of eating and drinking well particularly as the people they supported had complex needs, learning disabilities and were living with dementia. Staff used innovative methods to enable people to have a varied, interesting and nutritious diet. This included using picture menus and by showing people different drinks and meals to choose from. The positive staff relationships assisted in encouraging people to make choices. Staff were familiar with people's non-verbal communication and gestures. Where people had no easily recognised method of communication, staff observed the person for reactions to the foods offered. They recorded any specific reactions so others also had this information. Staff realised that one person used to thoroughly enjoy bacon sandwiches but now had a soft diet. Staff tried to make the bacon sandwich and present them as a soft diet but they felt the look and taste were not good enough. They sought out a specialist food provider who made 'pureed bacon sandwiches' among other foods. Staff showed us these and told us how they had bought some for the person. They told us how they clearly enjoyed them, eating all of the meal which had become their favourite meal.

Where people were reluctant or had difficulty in eating and drinking, staff took as long as needed, sometimes in excess of an hour, to encourage people with a variety of food and drink. This made sure that people's dietary and fluid intake was sufficient for good nutrition and varied enough for them to enjoy. Special therapy sensory smells and real foods, were used as part of increasing people's appetite, as well as in encouraging memories. These smells included fresh bread, roasting chestnuts, chocolate, coffee and other food smells. These were used to stimulate people's appetite. They had found they could use them to see whether one person, who did not have formal communication, responded to the coffee smell or chocolate when offering them a hot drink. The management team said this was a recent innovation and they were still testing other ways of using the smells.

There were informative records about each person's special needs, likes and dislikes and staff were familiar with each person's dietary needs including special diets. We



Is the service effective?

talked with staff who were able to provide us with specific information about each person's dietary needs. We saw changes recorded as people made different choices, or tried new foods. Staff told us how they provided additional calories for people who were underweight by fortifying food and drinks for them. Staff also told us how they assisted people to eat more healthily where they were overweight.

Staff showed us specialist high calorie soft diet ready meals which gave them detailed information on the calorific value of each meal. They told us that several of these ready meals allowed people to enjoy foods as a soft diet that staff were unable to make look as appetising. This included a bacon sandwich soft diet that kept its shape whilst remaining appetising and suitable for people requiring soft food.

The provider told us of the good links with dieticians to ensure the most effective food regime for people. Records showed that when people were at risk of malnutrition, Speech and Language therapist (SALT) assessments were requested and any recommendations from this specialist were incorporated into people's plan of care.

Mealtimes were flexible. Some meals were eaten as a group others separately according to what people were doing each day. We observed lunch being served. Staff supported people who required some help in a respectful and dignified way. They chatted with them throughout the meal. We observed people making choices about their sweet and drinks during the meal. People able to talk with us told us they enjoyed their meals. They told us they always received as much as they wanted to eat and the meals were good. We saw people being encouraged to have drinks on a regular basis.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with the management team to check their understanding of MCA and DoLS. Staff determined people's capacity to take particular decisions. Where people lacked capacity, staff knew what they needed to do to make sure decisions were in people's best interests. Best interests meetings involving the person, relevant professions and relatives were taken over any important decisions and the discussions, the options considered and the agreements made recorded. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk. Relevant staff had been trained to understand when a DoLS application should be made. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. The management team showed us copies of DoLS applications they had recently made.

Is the service caring?

Our findings

As part of the inspection process, we spoke with people who were able to discuss their care with us. One person told us “I love it here. The staff are great - the best. We go out loads. We are always doing something. We went out today I enjoyed it.” Where people were unable to answer questions we observed the interaction from staff and support they received. We saw staff enthusiastically interacting with people involving them in conversations and activities. People were laughing and smiling and enjoying communicating with staff. We observed people engage in activities with staff and also looked at the activity records which showed each person’s response to each activity. These showed most people went out each day if they were well enough and they were routinely involved in frequent activities. One relative said, “The staff are wonderful. The owner is excellent, always available and full of good ideas. [My family member] is always going somewhere and has a better social life than me.” This gave people an exceptional quality of life despite their increasing dependence, where they were able to be active in the home and the local community.

We spoke with relatives. They said they were extremely pleased with the care and support their family member received. They said that staff were always welcoming and they had very positive and supporting relationships with relatives. They told us their family members were treated with kindness, respect and dignity. One relative told us, “The staff are remarkable, they are always cheerful and caring. They are wonderful, they ‘go the extra mile.’” Another relative said, “Everything is great at the home. The whole atmosphere is great. They treat everyone as individuals. They always let people do as much as they possibly can for themselves. It’s fantastic really. I wouldn’t like them to change. [Our family member] has never been happier.”

If an individual had to have a stay in hospital, the management team made sure that a member of staff stayed with them to make sure they had the best possible care and that hospital staff understood their needs. This reduced their anxiety levels and meant they had people they knew to help them deal with people in an unknown

and possibly frightening environment. This member of staff was in addition to the members of staff on duty in the home. Staffing was not reduced in the home to provide this cover.

The service had a strong, visible person centred culture and helped people to express their views so they understood things from their points of view. We saw staff frequently talking with people who had limited verbal communication. They gave people plenty of time to reply, where they were able to communicate verbally. Where people communicated in other ways, staff observed people’s reactions to questions. Staff were exceptionally focussed on people’s needs especially their individual communication needs. As several people did not have verbal or formal recognised communication staff observed and recorded their reactions to different events, situations and activities. They then discussed their findings at meetings and handovers to make sure that they agreed on what the person was communicating. This communication information formed the communication log for each person and was frequently reviewed.

We saw that people were showing evidence of great enjoyment and interest in the conversations with staff and despite their limited verbal communication these conversations were clearly not one sided. This showed the excellent communication skills members of staff had and their inspirational ability to encourage a high level of interaction with people. We saw one person clearly ‘telling’ staff they did not want to get involved in one activity offered. After several choices were offered they were enthusiastic about a trip outdoors.

Staff told us they were highly motivated and inspired by the management team who researched new ideas on dementia care and learning disabilities and attended care shows in order to develop the service and improve care. They said they discussed any new ideas, systems and activities with staff, people in the home where possible and relatives to seek their views and involve and enthuse them. This meant staff felt they owned new projects and worked really hard to make them succeed. Staff were extremely praising of the management team. They were encouraged to research specific areas of care such as activities or technology and given the support to try ideas. They then evaluated how they were working at team meetings, ‘tweaking’ them as needed. One member of staff told us about the new system they were using to assess the

Is the service caring?

appropriate activity levels for people. They said it showed that they were doing too much with this person and by slowing down their activities the person was more alert and able to be involved in the activities they enjoyed.

Staff were very enthusiastic about training and how specific training could be incorporated into their work, to improve people's wellbeing. Staff discussed and debated creatively to overcome obstacles to improving the service and achieving objectives. Where venues for activities have been inaccessible or excessively costly staff looked at ways of finding a similar activity at a more accessible or less costly venue. Staff were kind and compassionate and showed a relaxed, patient manner when supporting people who were only able to communicate slowly.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff spoke with people in a respectful way, giving choices to people and time to understand and reply. They knocked on bedroom and bathroom doors to check if they could enter. Where people could not answer, they gave waited a few seconds before entering. Where one person wanted to be able to see staff whenever the person was in their bedroom, staff rearranged the furniture, to enable this while still having some privacy. One member of staff said, "How I support people is how I would like to be treated, with respect and dignity. I would want to be helped to be involved in everything I felt like doing."

Where possible people at the end of life remained in the home, surrounded by people they knew. When a person was living with a life limiting illness staff encouraged them to enjoy the activities they could. As they became less well and less active staff supported them physically and

emotionally, making them as comfortable as possible. Staff made sure where a person was near the end of their life that someone remained with them at all times. They told us that when relatives were with the person staff also supported the relatives, remaining with them or leaving them alone with their family member as they wished. The registered provider and staff had been complimented by health professionals for their competent and compassionate care to one person they recently supported. End of life and resuscitation forms were in place where appropriate. It was evident that where a person did not have the capacity to make this decision, best interests meetings had been carried out. This meant that as far as possible the person, other professionals including, speech therapist, GP's and social workers and where appropriate relatives or independent advocates had been involved in the decision.

We gathered feedback from external agencies including the learning disability services, social services contracts and commissioning team and local district nursing teams. Links with health and social care services were excellent. One professional told us, "I am more than pleased with the service. It's a great service." Staff sought to improve people's care, treatment and support by identifying and implementing best practice. Comments received from other professionals were very supportive of the service. They told us they were pleased with the care provided and had no concerns about the home. They told us the staff at Links Lodge focused on providing person-centred care and achieved extremely positive results. These responses helped us to gain a balanced overview of what people experienced living at Links Lodge.

Is the service responsive?

Our findings

People told us they were very happy at Links Lodge and they did not need to complain. They said they would do so if they felt it was needed. One person said, “I love it here, no complaints.” Another person told us, “This is my home. The staff are everything to me. They make sure they help me with anything I need. If I am sad about anything they help me sort it.” Relatives felt that any ideas or concerns were listened to and taken seriously. They said that staff encouraged ideas on how to improve people’s lives and researched new ideas and they constantly looked at ways to improve people’s lifestyles. A relative said, “We are more than happy with the care here. It couldn’t be better. We want [our family member] to stay here for ever.” Another relative told us, “This home is the best. We have no concerns what so ever about anything”. Another relative said, “We have nothing to complain about. The staff are amazing. They could not do more for [family member] if they tried.

Staff used innovative and individual ways of involving people so that they were consulted, empowered, listened to and valued. The home had a complaints procedure which was made available in text and also as a DVD to people they supported and their relatives. The staff team worked very closely with people and their families and any comments and minor issues were dealt with before they became a concern or complaint. Where people were unable to express concerns verbally or with recognised sign language, staff observed people’s gestures and responses to care practices and activities and recorded these. These were reviewed by the management team. They also involved relatives or advocates where they felt this was needed. This improved people’s lifestyles and enabled them to share their views even when they were unable to do this independently. We saw there hadn’t been any recent complaints but a large number of compliments. There had been ideas about minor changes to routines such as changing times of activities or suggestions regarding specific areas of care which had been taken up by the home. This included encouraging one person to eat more by using the ‘food smells’ they liked before and during meals.

We spoke with the management team about the process when people were looking at moving into Links Lodge.

They told us that there was usually a long pre admission process. Initially senior staff met the person in their current placement and assessed their needs with the person, with relatives where appropriate and any relevant others.

The pre admission process was excellent. It was person centred and timed around the individual’s needs, even if this left a lengthy vacancy in the home. They were encouraged to visit regularly, sometimes over several months, to make sure they were comfortable with the staff team and their new home. Visits varied according to the person’s responses to the visits, they included frequent day and overnight stays as the person wanted, ensuring key staff were available to develop bonds with them. There were frequent discussions with them and their relatives, if appropriate to check that the move was being planned at the right pace for the person. Pre admission preparation also included Links Lodge staff spending time on a frequent basis with the person in their current home, getting to know them. This helped the staff make sure they could fully meet the person’s needs, and were knowledgeable about their likes, dislikes ways of and communication before they moved to Links Lodge. Staff felt that the time, effort and flexibility invested in the pre admission process meant that the move to Links Lodge went smoothly for each person.

Senior staff told us that on one occasion they had only the information from their initial assessment on the person on admission, as the previous care home refused to share anything but the briefest information. However we saw they had quickly put together a comprehensive care plan, updated on a very frequent basis as they learnt more about the person.

Senior staff showed us how they developed care plans and risk assessments soon after admission. We looked at the care records of three people we chose following our discussions and observations. Each person had an informative person centred care plan and risk assessments which provided an exceptional level of information about their likes, dislikes and communication abilities. The person’s life history, likes and dislikes and hopes and wishes were recorded down to small details about favourite colours or games.

There was also information about what each person’s preferences and priorities were before they developed dementia. This included major decisions such as whether they wanted to remain in the home or go to hospital if ill. It

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also covered day-to-day things such as the type of films they had enjoyed and their preferences for bathing or showering, even if that had changed while living with dementia. This meant staff had information about people current and previous lifestyles which helped them understand where people reacted differently to what staff expected. One person had in the past had the freedom to walk about outside where there was less traffic. Because staff were aware of this they were able to plan to safely give the person the freedom to stand outside in the garden unaccompanied while making sure they were safe.

Information on individual communication gestures and facial expressions such as those which showed staff whether a person was happy, sad, in pain or thirsty were recorded. Staff were able to explain the specific gestures or actions people made and what these suggested. Staff knew how to meet these preferences and were innovative in suggesting additional ideas, particularly for fun, social and leisure activities. The management team frequently attended care shows, seminars and talks about dementia to improve and develop the service. From these they discussed specific ideas with staff and put these into practice. They were introducing new daylight lighting and a new computerised monitoring system when we inspected. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs.

We spoke with people and their relatives and looked at a sample of care and medication records. From this we could see that people's care and support was planned proactively in partnership with them. Care plans were person centred which meant people and where appropriate, their relatives were very much involved in developing and modifying their plans. One person said, "We discuss the things I want to do and the staff always make them happen." One relative said, "We are so happy to be so involved in [family members] care. The staff are amazing in all they do for him." There was evidence that independent advocates had been involved when changing some elements of people's care, particularly where there was no family involvement.

The staff team looked at innovative ways of including people in planning their care and in choosing activities. Staff felt this was especially important where people could no longer make a verbal contribution due to their increased support needs. Staff looked at the things people used to

enjoy doing, observed people's reaction to particular activities and stimuli, talked with relatives and used innovative good practice guidelines to assist them in this. They also used a system of specialist assessments for people living with dementia to develop individualised activity plans for each person. The system assisted staff to set goals and achievements for each individual.

Relatives were also kept involved in their family members lives. This included being invited to regular social events and activities. The staff team also sent regular emails with pictures of their family member involved in different activities to keep them up to date. One relative we spoke with said, "We love receiving these emails and seeing what [our family member] is getting up to."

Clear guidelines were evident for staff to follow on how to care and support people as they wanted. The delivery of care at Links Lodge fitted the individual rather than the individual fitting the routines of the home. The level of detail within the plans demonstrated how staff treated people as an individual. We saw that personal, social and health information and likes and dislikes, hopes and aspirations were documented in care plans. This meant staff had excellent knowledge of individual personalities and the support they needed and what their responses meant. Staff were able to tell us specific likes and dislikes of those in their care and where the person showed them whether they liked activities. One member of staff said, "[Person] puts her head down and shuts her eyes when she doesn't like what we are doing. She pushes her tongue out a bit when she is enjoying something."

Staff had an excellent knowledge and understanding regarding best practice which was in line with The UK National Institute for Health and Care Excellence (NICE) and the latest DH guidance, on care plans addressing activities of daily living that maximise independent activity and adapt and enhance function. We saw that staff focussed on providing people with meaningful and achievable activities. Staff inspired people to try different and varied social and leisure activities so that despite their increasing dementia they were able to live life to the full. These included according to individual's likes and dislikes, circus, shows, sports and music events and theatre. Where people were no longer able to visit the theatre, they did not miss out as the registered provider arranged for theatre productions,

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singers and entertainers to perform in the home. This meant that people had an enhanced sense of wellbeing and exceptional quality of life, even as they became more dependent.

The service was flexible and responsive to people's individual needs and preferences. Staff found creative ways to enable people to live as full a life as possible. The home had frequent and varied activities available during each day in which to involve and stimulate people. These were provided on an individual or small group basis so that each person's likes and needs were met. People were stimulated and involved in activities on a regular basis throughout the day. Staff were thoughtful and creative about the choice of activities for people and based these on the individual's previous experiences and reactions to social events.

Staff used specialist equipment including light sensory equipment and music which was available in the light sensory/dining room and in bedrooms and used to assist relaxation. Staff also provided other sensory stimulation such as aromatherapy and massage and an aromatherapist visited frequently. The management team had researched how technology could improve outcomes for people and had provided several iPads. Staff had been on training to use these to their best effect and were enthusiastic about their use showing the inspection team how people's interest was gained. One member of staff told us, "It is amazing how these get people interested." We saw staff encouraging people to get involved. They assisted people to interact with the apps on the iPads. Favourites were fishing and gardening apps which were easy to use. These were suggested and evaluated by a dementia organisation as being of interest in trials. Staff engaged people in craft activities and jigsaws and looking at magazines. They also went out on activities. We saw people as they came in from a day out. They had been involved in discussing planning for services in the area. They discussed with staff what they had been doing whilst out and indicated that they had enjoyed themselves.

Staff used specific programmes and equipment as well as compiling DVD's that showed each person's life story. We saw jigsaw and board games, story boxes and memory boxes being used. There was a pet rabbit at Links Lodge which people were encouraged to care for and two dogs visited to provide pet therapy to individuals. People were involved in gardening vegetable plots so people could grow their own fruit and vegetables with support.

People were encouraged and supported to engage with services and events outside of the service. People also went on frequent trips out and social events, including to the local pub, for meals, theatre trips and concerts, sports facilities, health events, to the beach and country side. Several people had recently enjoyed holidays in this country and abroad. People told us how they chose the holidays they went on. They said they decided if they wanted to go alone with staff or whether they wanted any other residents to go with them. They also chose which staff they wanted to support them. Input from other services and support networks was encouraged and sustained. When we inspected four people were attending a health event where they had the opportunity to give their views on health issues in the local area. They were very enthusiastic about the way the day had gone when they returned home. One person said, "We have had a great day. It was fun."

The staff at Links Lodge constantly strived to improve the care they provided. We saw that the management team had introduced specific care systems that supported people with learning disabilities and dementia. Staff were enthusiastic about these and how they improved people's quality of life. The staff team regularly researched for new and innovative ways of supporting people. They linked with organisations such as Alzheimer's society, Jackie Pool activity levels, Joseph Rowntree foundation, British Institute for learning disabilities, social care institute for excellence and Down's Syndrome association among others. They researched and used specialist packages to assist with supporting people including specialist media or high tech equipment to provide person centred care based on best practice.

Relatives reported that the home was very proactive and responsive in providing extra staffing, care and equipment to meet people's changing needs. They told us that staff became more creative at involving people as their communication and other skills deteriorated. One relative said, "The staff are fantastic with [family member]. They know better than us when he wants something. They always seem to understand how he is feeling"

Each person had a comprehensive Health Action Plan. This showed in detail, how the individual communicated, and in particular their responses to pain, the health needs of the individual, any help and support they needed to keep healthy and the things they were doing or wanted to do to

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keep fit and well. We saw that staff responded in quickly and persistently to people's health needs. Where they suspected an individual was 'under the weather' they kept detailed records and were persistent in finding the correct care and treatment the person needed. Staff had previously found one person 'was not themselves'. It was not clear what the problem was, only that there was something amiss. Despite tests coming back clear, staff had persisted in requesting further checks. Eventually a serious health issue was found. This persistence meant that the person

received care and treatment sooner than they would if they had accepted the reassurances of others. The staff team made referrals to other health and social care professionals quickly as needed. This included psychologist, mental health professionals, dieticians and chiropodists. These referrals meant they were receiving the care they needed from other professions in a timely manner. Informative records were kept so that everyone involved with the person's care knew what their needs were and if there were any changes to their care.

Is the service well-led?

Our findings

People told us the registered provider, management and staff team were approachable and available and willing to listen to people. One person told us, “I can tell [The registered provider] about anything and she will always help.” A relative told us, “We have regular chats with the staff, and they keep us up to date with everything.” Another relative said, “This home is far superior to anywhere [our family member] has been before.” People who were able to talk with us said they were well looked after by the registered provider and staff team. Relatives we spoke with told us the staff discussed any concerns, and informed them of any incidents or accidents in a timely manner. One relative said, “I have such trust in all the staff especially [the provider]”.

The registered provider is an individual who has been assessed by CQC as fit to manage the day-to-day running of the service. The registered provider has the legal responsibility for meeting the requirements of the law. She had owned the home for over twenty five years and worked in the home most days. Staff told us they found her supportive and approachable and that she was open to ideas as to how the service can be improved.

The home had a clear management structure in place. The registered provider and management team were experienced, knowledgeable and familiar with the needs of the people who lived at Links Lodge. They were passionate about the care of the people they supported, researching new innovative ways of providing care and improving their wellbeing. They had enthused the staff team to ‘be the best’. One member of staff told us, “It is a privilege to work here. We make a real difference to people so they can still have a good life, going out and enjoying themselves as long as possible.”

There were procedures in place to monitor the quality of the service. Audits were being completed by the registered provider and management team. Audits included monitoring the home’s environment and equipment, care plan records, infection control, continence products, financial records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation, research and reflective practice. The management team regularly researched new initiatives to improve the management of the home and support for people. Where these systems seemed as they would be beneficial, and improve the service these innovative systems were implemented. These included dementia design audit tools and frameworks for carrying out activity based care. Staff had been taught how to use these systems to improve people’s lifestyles.

The service found innovative and creative ways to enable people to be empowered and voice their opinions. People who lived at Links Lodge had learning disabilities and most people also had dementia and limited verbal communication. Almost all people were also unable to read any text documents. Therefore the home had produced a DVD as a service user guide to the home. This showed people different areas of the home and a selection of activities people were involved in. This was in addition to written information for relatives. This was offered to prospective service users and also when discussing the home with people who already lived at Links Lodge.

People were involved in recruiting potential staff. Where they were able to ask questions they were supported to be involved in the formal interview. Where people were unable to ask formal questions, they spent some time with potential staff (supervised to reduce any risk to people). People were then encouraged to give their opinions of the candidates and able to influence the appointment decisions.

The vision and values were imaginative and person-centred and made sure people were at the heart of the service. People had their own DVD’s about their life histories and their lifestyles in the home. Special events such as birthdays and Christmas were recorded on DVD’s to play whenever the person wished. The staff team actively sought the views of people through creative and innovative methods. One person was previously unwilling to stay in the room if plans about their life were being discussed. However by playing their DVD during the meeting they were willing to remain in the room and to get involved in the discussions. This encouraged them to be involved in their own care planning.

Is the service well-led?

Relatives told us that they were made welcome and encouraged to be involved in the care and support for their family members and friends. They said the management team kept them involved by regularly emailing photographs and information about activities their family member had been involved in. Relatives were also invited to attend regular social events. Photographs of these were hung about the home and were on DVD's to encourage people to remember and discuss these. One relative said, "They always make us feel so much part of [our family member's] life."

The management team had developed and sustained a positive culture in the service. People, their relatives and staff were encouraged to question, suggest ideas or give their opinions on any issues. Any concerns were always listened to and acted upon. The management team provided a regular newsletter to people and their relatives with information on current plans, staffing, activities and any other relevant information. The newsletter included many photographs to aid discussion and was also provided

as a DVD. Relatives who wanted this were kept up to date with regular emails informing them of any minor changes in care, recent social and leisure activities and staff or other changes in the home.

The staff team had frequent informal chats with people about their views of the home. Where they were unable to give their views relatives and advocates were involved. Meetings were regularly held to involve and consult people about plans and ideas for the home. Staff meetings were also frequent.

People and their relatives were encouraged to complete surveys about the care provided. These were in easy read and DVD formats so more people could access them. We looked at some of the surveys and noted positive comments from relatives. One relative commented, "It is a happy family run home, with fantastic staff. The residents are always happy and well cared for." Another relative wrote, "The staff are friendly and approachable and always trying to make life better for the residents. We are able to call unannounced and always made welcome."