Link-Ability

Link-Ability Office Rochdale/Heywood

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

Link-Ability is a small domiciliary care service which provides support to people living in their own homes. The agency office is located in a business centre on the outskirts of Heywood town centre.

The level and hours of support vary depending on the needs and wishes of people. Support may include helping people to maintain their own tenancy, provide assistance with domestic tasks, food preparation, personal care and daily activities. The service currently provided person care and support to 20 people.

People's experience of using this service:

People made many decisions about the way they were cared for. This ensured they were treated as individuals and with dignity.

The service put people first and ensured their views were incorporated into the plans of care.

People were able to attend meetings and complete surveys to ensure they had a say in how the service was run.

The service supported people to attend activities and meetings with particular regard to the protected characteristics of age, gender, sexuality, spirituality or religion and to form relationships.

People told us staff were kind and they liked living within the supported housing service.

We saw staff were able to discuss sensitive topics in an open and transparent way with people who used the service and how they responded in a confident way.

The registered manager and other staff were involved with many other organisations to improve support and care in the wider community. This included ways to minimise stress on public transport and hospitalisation.

The administration of medicines was safe, and the service were involved in ways to reduce the medicines people with a learning disability or autism took.

Staff were recruited robustly and there were enough well trained staff to meet the care needs of people who used the service.

Staff were able to train to become champions in specific areas to provide better care for people who used the service and provide support to staff in their areas of expertise. Staff also had incentives to take further training or become involved in improvement initiatives.

People's end of life wishes were respected, including any preference they had for the funeral arrangements.

Rating at last inspection: At the last inspection (report published 07 October 2016) the service was rated as good.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor information and intelligence we receive about the care service remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Link-Ability Office Rochdale/Heywood

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was conducted by one adult social care inspector.

Service and service type:
The service is a domiciliary care agency who also provide a supported living service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure that someone would be in the office.

The inspection site visit activity started on 27 March 2019 and ended 28 March 2019. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Prior to the inspection we reviewed information and evidence we already held about the care service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

care service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the agency.

Prior to the inspection we asked the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

During the inspection we spoke with four people who used the service, the registered manager and two care staff.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.
•□People who used the service said they felt safe. Comments included, "I feel safe in my house and with the staff" and "I feel very safe with staff support."
•□Staff were trained in safeguarding topics and were aware of what constituted abuse. The service used examples of safeguarding incidents in the training to help staff understand what they needed to do.
•□Staff had a whistle blowing policy to report any concerns they had with confidence.
•□Staff said they would report any incidents of poor practice.
•□The service used the local authority safeguarding policies and procedures to report any incidents of abuse.
•□We saw the service had responded to any issues of abuse, including taking disciplinary action when required.

Assessing risk, safety monitoring and management.
•□Any risks a person had were assessed and ways to minimise possible harm explored. For example, we saw one person had a risk assessment for possible falls and a shower room was adapted to minimise the hazard.
•□We found the risk assessments were to keep people safe but did not restrict their lifestyles.
•□We saw that people had their health, environmental or social risks assessed but these were safely managed.
•□Equipment in the office was maintained for the safety of staff and people who used the service. Staff were aware of what to do if there was a fire.

Staffing and recruitment.
•□The system for recruiting staff remained safe. People who used the service told us they were involved in recruiting new staff by attending and asking questions during interviews.
•□New staff were matched to a person who used the service to help ensure they were compatible.
•□There were sufficient staff to meet people's needs. All the people we spoke with told us of their staff support and the many opportunities they had for outings, activities and attending various groups.
•□Staff had time to talk to people who used the service and available to help them fulfil their goals and attend activities.

Using medicines safely.
•□Where possible people were able to administer their own medicines. One person said, "I give myself my own medicines."
•□Staff were trained to safely administer medicines and had their competency checked regularly by managers.

•□The administration of medicines remained safe.

Preventing and controlling infection.
•□There were policies and procedures for the prevention and control of infection to inform staff of good practice issues. The service used the National Institute of Health and Clinical Excellence (NICE) guidelines to ensure they followed best practice guidelines.
•□Staff had access to personal protective equipment, good hand wash advice in key areas, with soap and paper towels to prevent the spread of infection.
•□People who used the service were encouraged to participate in cleaning and tidying their rooms according to their capabilities.

Learning lessons when things go wrong
•□The trustee of the board looked at any incidents, complaints and safeguarding issues to see how best the service could minimise any further episodes that adversely affected people who used the service.
•□The service had made on call support more localised so that managers were better equipped to react to any issues that arose.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□People who live in their own homes are not usually subject to a DoLS. However, the service undertook a mental capacity assessment for each person who used the service. This had highlighted the need for a person to be assessed by the local authority and were liaising with them to reach the least restrictive outcome for the person using the framework of the MCA and DoLS.
•□The registered manager attended a DoLS dilemma forum with other professionals which looked at any restrictions people living in the community may have and solutions to improve their lives.
•□All the people we spoke with were able to give their consent to their care and treatment and told us it was what they wanted.
•□We observed staff who accompanied people in to the office asked people what they wanted to do and responded to what the person asked for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•□A person who used the service told us, "I had a good look around before I came to the house and chose it myself."
•□People's needs were assessed prior to them using the service. The assessment was comprehensive and can include short term visits and stays for supported living.
•□For supported living the person was assessed as to their compatibility to share accommodation with people who already live in the house.
•□The local authority provided an assessment and support to ensure the person was suitably placed.
•□Protected characteristics were incorporated into the plans of care and we saw that people were able to attend groups and activities that reflected their known choices and wishes. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Staff support: induction, training, skills and experience.
•□All new staff were enrolled on an induction. Staff new to the care industry were required to complete the

care certificate which is a nationally recognised training system.
•□New staff were supported by experienced staff until they felt confident and managers felt they were competent to meet people's needs.
•□The training records for the organisation and staff we spoke with confirmed they had received training in all mandatory areas such as health and safety and moving and handling.
•□Staff were encouraged to undertake further training. This included end of life care, mental capacity and DoLS, behaviours that challenge and equality and diversity. Managers undertook the level five diploma in health and social care.
•□Staff also received training for any specific illness a person had. For example, epilepsy, autism, the risk of choking and dementia.

Supporting people to eat and drink enough to maintain a balanced diet.
•□People who used the service told us, "I do my shopping. I buy what I want to eat but staff remind me to eat good things"; "I cook every Thursday. We call it chef (name of person) night. I am enjoying it. I find what I like and cook it. We also have a drink at the table" and "The food is great, our choice."
•□People were encouraged to choose what foods they wished to eat and were supported by staff who had training in nutrition and food safety and supported people to eat healthily.
•□Any special needs a person had with regards to their diet was assessed in the plans of care and any action such as a special diet or need for specialist advice was arranged.

Staff working with other agencies to provide consistent, effective, timely care.
•□Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
•□This included specialist support for people who had a complex medical illness. This ensured people and staff had effective support.
•□We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.

Adapting service, design, decoration to meet people's needs.
•□People told us they could choose how their house was furnished and decorated. One person said they had picked the tiles and decoration for recent improvements to their property.
•□Where required people's houses were adapted to their needs. For example, the use of tracking hoists or access ramps.
•□The service liaised with occupational health professionals to ensure any adaptations to a person's property was suitable for their needs.

Supporting people to live healthier lives, access healthcare services and support.
•□A person who used the service said, "They take me to the doctors if I need to go. I have been supported to attend the clinics."
•□We saw records of attendance at hospitals and routine appointments with opticians, podiatrists and dentists had been arranged.
•□We saw where required people had been supplied with equipment, for example pressure relieving and mobility devices.
•□The service worked with the local NHS hospital liaison team, learning disability teams and other providers to campaign for people's rights when they move between services. This outcome enabled better transition for people between services. The aim was also to reduce hospital stays.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- People who used the service told us, "The staff are kind. I have a lot of fun here and I like living where I am now. At the last place they did not give me as much support"; "I am very happy with Linkability and love the house I am in. The staff are a very good team at my house and work hard to look after me"; "I am very happy with the service. They are looking after me. The staff are really kind and caring" and "The staff look after me. They are always reliable."
- Staff said, "I love to support people and encourage them to be independent. I would recommend the service to others" and "I really like it here. I like the job, being part of the team. I would definitely recommend the service to others. I think this is a good service."
- We saw people's equality and diversity was respected. People were being supported to access groups and activities relevant to their needs. For example, people were supported to dress in the manner they wished, attend festivities and customs which reflected their culture, attend meetings which reflected their sexual diversity and follow their religion of choice. People were confident to tell us of their involvement in their activities.
- People were able to form relationships if they wished. The service provided training and support around relationship safety.
- We observed that people who used the service and staff had a good rapport and staff knew people very well.
- We saw in the plans of care that a great deal of information was gained on a person's past history, their likes and dislikes, interests and hobbies. The person's views on their gender, sexuality, religion or spirituality and age was recorded and action taken to ensure their wishes were fulfilled.

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

- People who used the service were empowered to help make worthwhile contribution to the running of the service. They told us, "I am involved in meetings with the landlords of our property and help educate housing officers and property developers to provide a better service for people with special needs" and "I help interview staff when they come for interview. I also go to the main office to bring up issues. Lately we have discussed gardening and forming a choir. I have meetings about my care."
- Key workers reviewed the plans of care every three months and included the views of people who used the service.
- People were able to attend regular meetings. We saw meetings had included house meetings, where topics around the care and running of people's houses was discussed. One meeting discussed what restrictive practices meant.
- 'Link' meeting topics for discussion included end of life care. This was wide ranging and included different cultures, what a funeral was with different ceremonies, types of funeral, what choices people could

make prior to death and how to develop an end of life plan.
•□The meaningful meetings also included topics such as dignity and respect, safety in the home, healthy eating, how to cope with good and bad news and days out.
•□One person we spoke with told us they had an advocate who had worked with the staff and local authority to get a better care package. An advocate is a professional who acts on a person's behalf to protect their rights or offer advice.
•□People could 'join' Link-Ability and be a member of the board with voting rights to help steer decisions at board level.
•□Where people who used the service had non-verbal communication needs the service supported people to find alternative ways to gain their views. This included computer devices, writing and drawing aids and the use of pictures.

Respecting and promoting people's privacy, dignity and independence
•□People who used the service told us, "I do most things for myself. I clean my room"; "Staff supported me through an illness. They have supported me with my personal care. I am just becoming more independent again" and "I look after myself. Staff encourage me to be independent. I go to the pub on my own."
•□People who used the service were able to visit family members or friends in private.
•□People who used the service told us they could go their bedrooms for privacy if they wished.
•□We saw that where a person had a life threatening illness the service liaised with the person and professionals involved in end of life care. A plan was made and could include a preference to have their last days in the privacy of their home supported by staff who knew them well.
•□All records were stored securely to ensure people's information remained confidential.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
•□Plans of care were computerised and gave staff secure access to read and amend plans of care when required.
•□People who used the service contributed to the development and ongoing review of their plans to ensure their wishes and choices were followed.
•□Plans of care contained a lot of detail for staff to provide care and support in an individual manner.
•□People who used the service were given support to attend work or learning establishments.
•□People were also able to follow activities and hobbies they liked. All four people we spoke with were either going or coming back from an activity of their choice. They also told us of upcoming activities they were attending which included musicals
•□People were supported to take a holiday. A best interest meeting was held with the person, staff and if appropriate a family member to ensure the holiday was what they wanted. We saw people had holidayed in the UK and abroad and taken cruises.

Improving care quality in response to complaints or concerns.
•□There was a complaints policy and procedure which was produced in an easy read format to enable people to better raise any concerns they had. All the people we spoke with said they did not have any concerns but could go to staff or family for support.
•□There was a system to record any concerns or incidents if required. The registered manager investigated and provided a response in line with the complaints policy and looked at ways to minimise incidents.

End of life care and support.
•□Staff were trained in end of life care to help support people who used the service, which enabled staff to provide care for people who used the service and support bereaved families when required.
•□A person we spoke with had been supported through family and friend bereavement, which had helped the person cope at this distressing time.
•□We saw from the plans of care that professional help and advice had been sought when a person neared the end of their life. The service had ensured a person had medicines for pain relief if required.
•□People were encouraged to tell staff what they wanted at the end of their life to ensure their wishes were followed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The service had a statement of purpose and service user guide which explained the legal status of the company and the services and facilities provided.
- Staff initially started on probation for six months. The registered manager said each staff member was assessed during probation and any shadowing was not time limited, "It takes as long as each individual requires support." This helped staff provide quality care and support when they were competent.
- The registered manager regularly held events such as the drive up quality survey. This gained people's and staff views of the service and gave the registered manager information on how to improve the service. From the action plan the manager had produced, family members were also going to be asked to join the recruitment panel.

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

- Staff we spoke with were aware of the management structure and all thought managers were supportive.
- Staff were encouraged to improve their skills. One staff member said she had been encouraged to become a health and safety champion and said her aim was now to provide information and guidance around smaller issues such as safety in the home.
- Other staff received extra training to become champions for safeguarding, dignity, safe relationships, good health and medicines.
- The management team and staff we spoke with demonstrated their commitment to provide a quality service. People who used the service all thought the agency was well run and they knew who to go to for help and advice. All the people we spoke with said they could go to the office and join in meetings to help drive up quality.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to the CQC.
- Managers audited the quality of the service. This included medicines, plans of care, health and safety and

activities. Staff were given incentives based on their qualifications, responsibility and involvement in initiatives to drive up improvement, such as attending various forums.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff received training around equality, diversity and dignity. We saw how this helped staff support people around their diverse needs.
- People who used the service were involved in surveys, meetings and other initiatives such as being on the company board to ensure they had a say in how the service was run. People were empowered to live the life they wanted to.
- From the meetings the registered manager took action alongside other staff from the Learning Disability Action Board. Problems with a bus companies ticket machine had been addressed by inviting the company in to the office to show people how to use the service in a stress-free environment. This would help people use public transport independently.
- Staff were regularly invited to add items to the agenda for meetings and given the opportunity to speak. Staff were also encouraged to complete surveys about what they thought about their working at the agency. The results were very positive.
- Staff ideas had improved the quality of life for service users. This included activities such as woodworking, more innovative ways to learn cookery and dance based exercise. Staff supported people who wanted to do the activities to attend.

Continuous learning and improving care.

- The registered manager had signed up to the National Institute of Health and Social Care guidelines (NICE). The research based information is best practice in topics such as medicines administration and infection control. Any policies and procedures were based around the guidelines.
- The registered manager attended meetings with other providers, social and health care staff to look at best practice. This helped improve care for people who used the service. One example of improvement was better access to the community. Another initiative was to invite a hospital liaison nurse to discuss people's rights in hospital and good pathways to providing effective care and support in hospital.
- The service had gained the investors in people award (IIP) which showed the service were committed to improve the support to staff and people who used the service.

Working in partnership with others.

- The service liaised with many other organisations to improve care and support. The service met with NHS staff and Rochdale learning disability teams to look at ways to improve housing, health and support.
- The service also liaised with the community learning disability team to campaign for better rights when people move between services and reduce hospital admissions.
- The service had signed up to STOMP. This is another incentive which the service took part in and is a commitment to reduce medicines (particularly sedatives) for people who have a learning disability or autism.