

Linkage Community Trust

The Palms

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

About the service

The Palms is a residential care home providing personal care and support to seven younger adults with learning disabilities, or associated conditions. There were seven people using the service at the time of the inspection.

People's experience of using this service and what we found

The service was provided from one house and was registered to support seven people. It therefore conformed with current best practice guidance.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The vision of the service reflected these principles ensuring people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the ethos to provide person-centred care that enabled individuals to develop skills and behaviours to live independent lives, whatever the level of need.

Some of the people who used the service had complex needs and they did not express their views verbally about the service. During the time we spent with people we saw they appeared comfortable with staff.

There was a busy, lively environment and the building was well-maintained. Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect. Systems were in place to protect people from abuse.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with respect and dignity. Staff received training and support to help them carry out their role

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

Relatives were kept informed and involved in decision making about people's care. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community and to go on holiday. Arrangements for managing people's medicines were safe. People received a varied and well-balanced diet.

Information was accessible to involve people in decision making about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 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 well-led.

Details are in our well-led findings below.

The Palms

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Palms is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection as it is a small service and we wanted to ensure people would be in.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Not all people communicated with us verbally about their experience of the care provided. We spoke with

two people about their experience of the care provided. We spoke with three members of staff including the registered manager and two support workers.

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 reviewed a range of records. This included four people's care records and two medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We telephoned two relatives to gather their views about service provision. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to support people. Staffing levels were flexible and were determined by the number of people using the service and their needs.
- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS). A system to renew DBS checks, after the initial check, was not in place to ensure people were still suitable to be employed. We discussed this with the Human Resource department and action was taken immediately to rectify the situation.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. Risk assessments were reviewed to reflect people's changing needs. However, we discussed with the registered manager that a more regular review of risk assessments should be in place. They told us that this would be escalated to the provider to be discussed at corporate level to be addressed.
- Information from risk assessments was transferred to people's care plans to ensure people were supported safely. This included risk of seizures. One relative told us, "Staff have emergency medicine to administer if [Name] needs it for a seizure."
- The provider helped ensure people received support in the event of an emergency. The management team provided an on-call service when not on duty.

Preventing and controlling infection

- There was a good standard of hygiene. However, we identified that some carpets were marked and showing signs of wear and tear. This was addressed immediately after the inspection.
- Staff supported people and they were encouraged to learn how to keep their home clean.
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help protect people from the risk of harm or abuse.
- People and relatives said people were kept safe at the home. One relative said, "[Name] is quite safe at the Palms, they can do what they want but staff are there to supervise them." Another said, "I can put my head on the pillow at night and rest as [Name] is safe there."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns thoroughly.

- The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

Adapting service, design, decoration to meet people's needs

- The home was a building that had been adapted and was light and airy. There was also a garden for people to use. We discussed with the registered manager that the dining area of the combined dining/sitting room used by people, was set up as an office for the running of the home and intruded on people's living space, the walls of this room also displayed information for staff, although there was an office on the first floor. They told us that this would be addressed. We received information straight after the inspection to show that this had been actioned.
- People's bedrooms were personalised. They had belongings that reflected their interests.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. One staff member

said, "There are lots of opportunities for training. I've just completed a level three diploma in health and social care." A staff member had been appointed as a swallowing, oral health and nutritional ambassador (SONA) to promote people's well-being in these areas.

- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone.
- Staff confirmed they received regular supervision and could approach the management team for additional support at any time. One staff member said, "We have supervisions very two months. If you need anything you just ask."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people received care, their needs were assessed to check that they could be met.
- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements and other aspects of their daily lives.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed there were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a healthy balanced diet. People were involved in the planning of menu's, shopping and preparation of their meals to develop skills and promote independence.
- People had access to a variety of food and drink to meet their needs. One person commented, "We get plenty to eat."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were mostly respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering.
- A listening monitor was being used to keep a person safe when they were alone in their room. A written protocol monitor was not in place to advise staff how it should be used so it respected the person's privacy and dignity. The registered manager told us this would be addressed.
- Staff supported people to be independent. People had household days where they were supported to clean their bedroom and do their laundry. A relative told us, "[Name] is more independent since they've moved to the Palms."

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

- The service promoted a person-centred ethos where people were at the heart of the service and was committed to ensuring they received the best possible support. One person said, "I love being here, it's the best place I've ever been." A relative told us, "[Name] likes living there, they are living with their friends."
- We saw positive interactions between people and staff members. Staff spent time chatting with them and supporting people to engage.
- Records were detailed and person-centred and gave guidance of how people liked to be supported when they were unable to inform staff. Information was available which gave them some insight into people's interests and likes and dislikes.
- The organisation was successful in 2019 in retaining the Investors in Diversity accreditation. This is an award which recognises national standards of equality and diversity, where people and staff are treated as unique individuals with different and diverse needs.

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

- Staff supported people to make decisions about the care and support they received. One relative commented, "[Name] has become more confident and their speech has improved."
- During the inspection we saw staff responded to people's individual needs and requests.
- People were directed to sources of advice and support or advocacy.
- Detailed guidance was available in people's support plans which documented how people communicated and about their level of understanding to help them be involved.
- People's families said they felt involved in their family member's care. One family member told us, "We are kept well-informed about [Name] and are invited to their care reviews."

- People were encouraged and supported to get involved in the running of the service. They selected menus, leisure activities and their keyworker to support them. They were involved staff recruitment.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and they were reviewed, but not all care plans, for more independent people, detailed how the person was to be supported so consistent care was provided. Care plans were not regularly evaluated. The registered manager told us that this would be escalated to the provider to be discussed at corporate level to be addressed.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs.
- Care was delivered by a team of staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- Regular individual meetings took place to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information such as menus, activities and some policies such as complaints, fire awareness and health and safety were available in pictorial format for people who may not read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain and build relationships with their friends and family. They had internet access and the use of computers to keep in touch with family and friends.
- People were part of the community. They were supported to follow their hobbies and interests. They went shopping, swimming, for meals out and cinema trips, to concerts, discos, socialised with people in other homes and went on holidays and day trips. A relative commented, "[Name] goes to college three days a week, they are supported to go swimming, bowling and to the cinema" and "[Name] loves to go running with a staff member and pounds the streets of Skegness."
- People were supported to access day services and work placements. They were assisted to relearn skills to help build their confidence and resume employment.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Information was being collected from people and their relatives about how they wished to be cared for or if they had any cultural or spiritual wishes at this time.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints procedure which was written in a way to help them understand.
- A record of complaints was maintained. A relative said, "The staff are all very approachable, I'd let them know if I had any concerns."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked well to ensure the effective day-to-day running of the service.
- Staff and relatives said they were supported. They were positive about the registered manager. They all told us the registered manager was approachable and they were listened to.
- Audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of weekly, monthly and quarterly checks.
- The registered manager told us of the support received from the provider's representative and that they carried out regular audits and peer audits also took place. However, a written report was not available to show they had checked the effectiveness of the registered manager's audits. They told us that this would be escalated to the provider to be discussed and addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well-led.
- The organisation was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour

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

- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their lives and daily decision making. Individual meetings took place with people.
- Staff meetings were held regularly. Meetings provided opportunities for staff and people to feedback their views and suggestions.

- Feedback was also sought from staff and relatives through meetings and surveys.
- The provider had an incentive scheme that recognised the length of time staff had been employed by the organisation. People could also nominate staff members whom they thought had gone the 'extra mile' in supporting them.

Continuous learning and improving care; Working in partnership with others

- There was a focus on continuous learning and improvements and keeping up-to-date with best practice.
- Staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.