

Linkage Community Trust Limited (The) Pelham

Inspection report

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Date of inspection visit:
15 September 2016

Date of publication:
07 October 2016

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

Pelham is a large semi-detached property in a pleasant residential area of Grimsby close to the centre of town. The home is registered to provide care and accommodation for up to five younger adults with a learning disability and/or autism.

It has two downstairs bedrooms one which has en - suite facilities. Three further bedrooms are accessible by stairs. The house has a large communal lounge and dining area. It benefits from its own established front and rear gardens.

This inspection took place on 16 September 2016. The service was last inspected on 4 November 2013 and was compliant with all of the regulations we assessed. At the time of our inspection there were 4 people using the service.

The service aims to promote personal autonomy; independence and achievement, ensuring people have the same rights and opportunities for inclusion, fulfilment and feeling valued in society as everyone else.

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

People who used the service had different levels of identified needs and received support from staff in relation to these, with some people receiving identified one to one support from designated staff.

The service developed and maintained strong links with external organisations and within the local community. There was a strong emphasis on key principles of care such as compassion, inclusion, respect, dignity and enablement.

People participated in a range of vocational, educational and personal development programmes at both the organisation's college facility and a range of community facilities, including work placements. They were encouraged to follow and develop social interests and be active and healthy. All programmes and support were geared to maximising the person's independence and support them into adulthood, staff were very skilled and consistent in their approach.

Staff had developed very positive relationships with the people who used the service and respected their diverse needs. Where people had moved from other college houses within the organisation, staff had moved with them to offer continuity for people. Staff knew people's individual care and support needs very well

Staff knew people's individual care and support needs very well. People told us staff looked after them well and they were kind and caring and would do anything for them. People felt cared for and that they

mattered. Staff supported people to maintain their relationships with friends and family. Comments from relatives were very complimentary and consistent stating they were extremely happy with the care, treatment and support the service provided.

People told us they felt included in decisions and discussions about their care and treatment. Staff described working together as a team, how they were dedicated to providing person-centred care and helped people to achieve their potential. Staff told us the manager led by example, had a very 'hands on' approach and was visible within the service, making themselves accessible to all.

We found people lived in a safe environment. Risk assessments were completed to help minimise risks in specific circumstances, such as when supporting people in the community or with day to day support within the home. Positive behaviour plans directed staff to effectively support people's behaviour that challenged the service. Systems to monitor and review all incidents were in place. Medicines were administered and stored safely.

There were policies and procedures in place to guide staff and training provided for them in how to keep people safe from the risk of harm and abuse. In discussions, staff were clear about how they protected people from the risk of abuse. We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge required to support the people who used the service.

Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work. People were supported by sufficient numbers of staff.

People's nutritional needs were met and people were supported to shop for food supplies and were assisted to prepare meals. Where people had special dietary requirements, we saw that these were provided for.

We saw staff monitored people's health and responded quickly to any concerns. People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns that people lacked capacity or when important decisions needed to be made in their best interests.

There were systems in place to monitor the quality of the service, such as observations of staff practices, audits and surveys. A complaints process was in place which was accessible to people, relatives and others who used or visited the service.

The service had recently re-opened following a period of dormancy when it was unoccupied. Prior to re-opening the service had been completely refurbished.

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.

People were enabled to take risks as part of their development in order to lead more fulfilling lives and the service managed risk in positive ways. Staff knew people well, and were proactive in reducing risks and promoting each person's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service.

Safe recruitment practices were followed. Staff knew how to keep people safe from harm and abuse and how to report any safeguarding concerns.

Medicines were managed, administered and stored safely.

Is the service effective?

Good ●

The service was effective.

People were supported to develop their independence and to maintain a lifestyle that was meaningful to them by staff that were appropriately trained and supported to carry out their roles.

People's health and nutritional needs were met. They had access to health care professionals when required and in a timely way.

Staff understood the Mental Capacity Act, 2005 [MCA] which meant they could take appropriate action to ensure people's rights were protected.

Is the service caring?

Good ●

The service was caring.

Managers and staff were committed to a strong person centred culture. Involvement, compassion, dignity, respect, equality and independence were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People who used the service were fully supported to engage in their educational and support programmes. People and their relatives were involved in discussing how they wanted to be cared for and the support they needed.

Staff were observed as caring and considerate when supporting people who used the service.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. Staff understood people's individual needs and supported them to achieve their goals and increase their independence.

People were supported to make choices and have control of their lives and they were encouraged to take part in their chosen activities. People were enabled to maintain relationships with their friends and family.

People and their relatives understood how to raise concerns and complaints.

Is the service well-led?

Good ●

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care. There was a culture of fairness, support and transparency.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Effective systems were in place to assure quality and identify any potential improvements to the service. There were systems in place to continually review the service including, safeguarding concerns, accidents and incidents.

Staff worked as a team; they were dedicated towards helping people achieve their potential.

Pelham

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 registered 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 16 September 2016 and the inspection team consisted of one adult social care inspector.

The local authority safeguarding and quality teams were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. They had no concerns at the time of the inspection. We also looked at the information we hold about the registered provider.

During the inspection we observed how staff interacted with people. We spoke with two people who used the service, the registered manager, deputy manager, and two independence tutors. Following the inspection we spoke with and received comments from two relatives.

We looked at three care files which belonged to people who used the service together with other important documentation relating to the four people who were using the service at the time of our inspection, such as their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

A selection of documentation relating to the management and running of the service was also looked at. These included two staff recruitment files, training records, the staff rotas, minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance of equipment records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the service. Comments included, "I feel fine" and "I feel safe here, I can speak to staff if I am worried about anything and they will help sort anything out."

Relatives we spoke with told us that they felt their family member was safe and comments included: "I trust them completely, some of the staff are outstanding, it is very reassuring for parents." Another told us, "[Name] happily returns after every visit home with us, I've no concerns."

Relatives told us there were enough staff to support people in meeting their needs and staff knew how to keep people safe. Comments included, "There are always enough staff on duty, staffing is provided in line with the individual needs people have," and "There is plenty of staffing in place when we visit."

We saw the registered provider had policies and procedures in place to safeguard vulnerable people from harm and abuse. Records showed all the staff had received training in safeguarding vulnerable adults and refresher courses were scheduled. Staff were able to describe to us what types of abuse may occur and what signs to look for. They also said they were confident the management would act promptly and appropriately to address any concerns they raised. Staff were aware of the registered provider's whistle blowing policy and how to contact other agencies with any concerns.

There were enough staff on duty to meet people's individual needs. Staff told us the staffing levels were sufficient, based on the number and dependency of the people who used the service. The registered manager told us the service was fully staffed and people were supported according to their needs. Some people were funded for one to one support at different times of the day, whilst others were more independent and able to access the local community and activities on their own. The registered manager confirmed staff absence due to sickness and holiday was covered by the service staff or bank staff, so people who used the service knew the staff providing the cover. Checks of the rotas confirmed this.

We found there was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included written references and a satisfactory check from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy.

The environment was seen to be safe for people who used the service, it was clean, tidy and well maintained throughout. The service had recently re-opened following a period of dormancy when it was unoccupied. Prior to re-opening the service had been completely refurbished.

There was an emergency plan to guide staff in dealing with issues such as floods and utility failure. Equipment used was checked, maintained and serviced appropriately to make sure it remained safe to use.

This included portable fire and electrical equipment, fire detection and alarm systems, first aid boxes, gas appliances, electric circuitry, hot water outlets and fridge/freezer temperatures. Personal emergency evacuation plans were in place for each person who used the service.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage risks and facilitate their independence. For example, risk assessments were in place for people accessing the local community, carrying out household tasks, travelling in vehicles, work placements, road safety awareness and support in managing anxiety and behaviour that may challenge the service.

The registered provider consulted with other healthcare professionals when completing risk assessments for people, for example the GP and Occupational Therapist. Staff were familiar with the risks and were provided with information as to how to manage these risks safely and ensure people were protected from harm.

People received their medicines safely from appropriately trained staff. We saw medicines were managed well and people received their medicines as prescribed. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were reassessed by the registered manager. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines.

There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These indicated what the medicine was for and the maximum dose. Where possible, people who used the service were encouraged and supported to take responsibility for their own medicines. Some people who used the service managed their own medicines after appropriate risk assessments had been completed and had safe, lockable storage in which to store their personal medicines. Daily checks on the medicine records were completed to ensure the systems were safe and any errors would be identified and dealt with quickly. We found medication administration records were accurately completed.

Relatives we spoke with confirmed their family members did not take many regular medicines and that any changes were discussed with them, if this was needed.

Is the service effective?

Our findings

People who used the service told us they liked the staff. Comments included, "The staff are kind and friendly" and "They all listen, especially [Name of registered manager], they are really interested and want to know what we think."

People spoken with told us staff supported them with all aspects of their daily lives, supporting them to attend work placements, educational courses, community based activities and promoting their independence skills within the service. They told us weekly 'house meetings' were held to plan menus, arrange activities and discuss any issues within the house. Following the meetings agreed timetables and menus were developed and displayed on the notice board.

Relatives told us the staff were skilled in the support they provided and monitored people's health and wellbeing closely. Comments included, "We are very involved, [Name] is so happy and safe, they have achieved so much more than we could have ever imagined" and "They really do work miracles." Other relatives told us, "They deal with things really well", "[Name's] key worker is an exceptional member of staff, they are fantastic with all the students and [Name's] progress has increased significantly with them, they have what I would describe as a 'a magic touch.'" and "The staff are attentive, calm and listen to the students requests and acknowledge and act on their individual needs."

Records showed people were consulted each week about their meal choices and a menu was agreed. In addition, we saw that staff were supporting people to be as involved as possible in all stages of preparing meals from shopping, cooking, laying the table and washing up afterwards.

We saw people who used the service had health action plans in place that gave an overview of their medical needs; this was available in both written and easy read format. Records we checked confirmed people had been supported to maintain good health and had access to healthcare services, while other people accessed healthcare and dental appointments during visits. People's weight and wellbeing was checked regularly. In discussions, it was clear staff knew people's health care needs and they were aware of the professionals involved in their care and signs and symptoms of any deterioration were well documented within individual care records.

When we spoke with staff they told us, "I have been working for Linkage for a long time now and I personally think we are now catering for a very different type of student than we were previously. However, everything is individualised and specific to people's needs in order to promote their independence and to achieve their full potential. I think the team have an excellent knowledge of each individual here and their support needs. We are given the support and training to fulfil our roles and support people effectively."

People were supported by a stable staff team who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Records showed staff completed an induction and they had access to a range of essential training and also training which was specific to the people who used the service. This included, nutrition, Team Teach (British Institute of Learning Disabilities accredited

non-abusive psychological and physical intervention training), epilepsy, autism, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The majority of the staff had also completed a nationally recognised training course in health and social care.

Training needs were monitored through individual support, regular supervision and development meetings with staff. These were scheduled every two months. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices, and opportunity was given to discuss any difficulties or concerns staff may have.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there were no current authorisations in place for people who used the service. We saw best interest meetings had been held and those who had been designated as decision maker for the person had been consulted along with other health care professionals.

Staff spoken with had a clear understanding of the Mental Capacity Act and explained that assessments were carried out as part of the transition process[this is where people are assessed and may move to another place to continue with their personal and educational development]. In discussions, staff were clear about how they ensured people consented to care and support. People who used the service told us, "Staff always ask what we want and they listen to us, they don't just assume." Others told us, "Staff always talk to us about things in private and sometimes if we are not sure what they mean, they will explain it in a way that we are able to understand."

Is the service caring?

Our findings

People told us that staff cared about them, were kind and respected their privacy and dignity. One person told us how their independence skills had developed which meant they would be able to consider moving into their own accommodation at some point in the future. They told us they had been supported by staff to develop all the skills they would need to live independently including, budgeting, shopping, cooking, household tasks, securing a work placement three days a week and being able to travel home on the train independently. Comments included, "Staff ask me what I want and they listen and help me to organise things. I can't ask for anymore from them."

Relatives we spoke with told us, "We are really happy, it has really worked for us as a family and they have worked wonders." Others commented, "We are so proud of her. We feel she has achieved so much."

All the relatives we spoke with or received comments from during our inspection were consistently positive about the care and support people received. These included, "I would never have believed they could achieve as much as they have, it's wonderful" and "She loves living in the house, she has become more independent and mature and now has two work placements that she loves."

Relatives described communication with the staff as excellent. Comments included, "They let us know what is going on and we can contact them at any time." Another told us, "I can sleep at night, I know if there are any issues or problems they will let us know. I trust them completely."

We observed the relationships between the people who used the service and the staff team were positive. We saw were kind, caring and patient in their approach and interactions. People who used the service approached the staff confidently and on occasions sought reassurance from them. For example; discussing plans for activities, checking times with them and that the plan for this had remained the same. Staff responded kindly, to people gently reminding them of previous discussions they had had together and what they had discussed and planned during this process.

Throughout the inspection we observed a calm and relaxed atmosphere within the service. During discussions, staff demonstrated they had a good understanding of the needs and personalities of the people they supported. For example; when we asked to speak with the people who used the service, the staff gave clear information and support about the best way to approach this, identified any potential triggers and what would be most acceptable for each individual.

Staff described to us how they were able to recognise when people were anxious or unsure about things and how they supported them in these situations. This meant staff had developed a good understanding of the people they supported and how to interact and support them in different situations. We found the service was very caring and people were respected by staff, treated with kindness and were listened to. We saw many examples of mutual respect and genuine caring between people who used the service and the staff supporting them.

Staff we spoke with told us, "I feel extremely privileged working here, I can honestly say I love my job and get as much out of it as the students do. We celebrate their achievements together."

Records of the weekly house meetings showed people were supported to make choices about activities and meals but they also discussed being kind, respecting each other and living together.

We saw staff took the time to speak with people and we observed a lot of positive conversations and friendly banter as people returned to the service from their individual activities. The registered manager and staff greeted them and asked them about their day.

There was a key worker system where people who used the service were allocated specific members of staff to support them. People were aware of their designated keyworker; they explained if for any reason they found they felt they were not compatible with them, they could speak to the registered manager and request a change.

The staff took time to build up relationships and trust with people and their families. In discussions with staff it was clear they had a good understanding of people's personalities, interests, aspirations and, how they communicated and expressed themselves. Staff were clear about people's strengths and abilities and the areas they needed support with. Staff were very aware of people's achievements.

We observed staff communicated very effectively with people in a way that respected them as adults, their wishes and views. People were given time to process information and communicate their response.

People were well supported to maintain relationships and communicate with their family and friends. Relatives told us they were able to visit whenever they wished and engage in any activities their relative may have planned. Some people had their own tablet computers, mobile phones and people could use the service's phone.

The staff confirmed they supported some people to Skype their relatives which was a popular method of communication. They also said the use of Skype promoted their wellbeing as it provided an accessible means of visual contact, which some people preferred.

People who used the service were supported to be as independent as they were able to be. Staff encouraged people to plan for and prepare their own meals and drinks, bake, do their own laundry, choose their preferred activities, and help with the cleaning the house and their own personal space. During our inspection we saw people involved in making their own evening meal, going out shopping and the local gym. Other people were involved in community based activities for example; going to work placements in the local community and attending college courses.

Staff ensured people had their privacy and dignity maintained. For example, when one person began talking about personal issues, staff quickly reminded them that it was a 'private' matter and gently encouraged them to go to another area where they could speak without being overheard. We found staff supported people to maintain privacy and dignity. Each person had their own bedroom for use when they wanted personal space and there were other quiet areas. We observed staff knocked on bedroom doors prior to entering. Bathrooms and toilets had privacy locks. In discussions with staff, they described how they respected people's privacy and helped to maintain their dignity.

Bedrooms were personalised with people's own belongings and they were encouraged and supported to individualise their rooms with items they favoured and meant something to them. Some people had chosen

to purchase their own furniture, whilst other people's rooms contained few items in line with their preferences and needs.

We found information was shared with people who used the service, for example a North East Lincolnshire council safety initiative, where council run premises, local police stations and local shops subscribed to the scheme displayed a 'safe place' logo in their window. People then were aware they could go into these places and seek assistance. Other information included, healthy eating, advocacy, details of the student council and forthcoming events.

The registered manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found records were held securely. The registered manager confirmed that computers holding personal data and were password protected to aid security. Staff had completed training about information governance as part of their induction to the service.

People who used the service were aware of where they could access advocacy services, both within the college and local community.

Is the service responsive?

Our findings

People who used the service told us they were involved in the planning of all aspects of their care, and were able to read their care plans and talk about them with their key workers. Comments included, "Yes we are always involved in reviews and what we want for the future." Others told us, "I enjoy living here and like my job and my independence. I also like to show new students and their families around the college on open days. Because people think I had done a good job, I received an award for doing this."

Relatives told us they were involved with the planning of their relatives care. They told us, "We are always welcome to discuss anything and we have the opportunity to do this." Others told us, "We are invited to reviews and have the opportunity to express our views. When [Name's] college placement came to an end she told us she wanted to stay there. It was difficult, knowing that she had made a life for herself elsewhere and didn't want to come home, but it was no different from her siblings after they finished university" and "We can ring up at any time and staff will be able to tell us everything she has been involved in, it is like ringing up your family you can speak to them about anything." Other relatives told us, "They have a social life, they eat healthily, they cook for themselves and they contribute to running their own home. The service really does balance well, managing risk without putting people in danger. I am so proud."

People were encouraged to develop new relationships and the service had an established social network with other houses within the organisation and community based social groups to enable people to meet up at planned events; for example the Duke of Edinburgh award scheme, sports events and discos. One person told us, "We do lots of different things, sometimes with our friends in the house other houses, we were all out last night having a meal to celebrate my friends [Name] birthday."

Staff supported people to maintain relationships with their families and support them with home visits. People who used the service were seen to visit their families on a regular basis and spent nights away from the service. One relative told us, "We visit regularly and are always made welcome, sometimes we pop in for a coffee and a chat and other times we may take them out somewhere."

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

We looked at the care files for three of the people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file were found to be in a pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. Handwritten contribution notes from people who used the service were also included in their personal care plan.

People's care plans focused on them as an individual and the support they required to maintain and

develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad, their personal attributes and their health and communication needs; for example, people's preferred daily routines and what they enjoyed doing and how staff could support them in a positive way were available.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on-going reviews. When there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People's care plans were reviewed monthly, after individual meetings with their key worker, this ensured their choices and views were recorded and remained relevant to the person.

Staff told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported. When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community.

During our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with cooking, shopping, going to work placements and attending educational courses and participating in domestic tasks to promote their independence skills. Activity records showed other activities people had participated in included, bowling, swimming, going to the gym, pub visits, disco's, visits to the beach and various shows and day trips.

Staff we spoke with described the progress and achievements of the people who used the service; one member of staff told us, "When people first come to the service, for some it is their first time away from home, they come with their own expectations of what they expect. For some, they can be reluctant to engage in activities which are enabling and promote their independence, as these tasks may have always been done for them previously. We work with them and plan everything in an individualised way based on people's needs. We find out the best way they will learn, which may be approaching tasks with humour or breaking tasks down into smaller steps, in order for them to engage and achieve. For us, the reward is seeing people progress and achieve their personal goals."

Staff supported people to complete their 'All about me' record which contained lots of information about the person's family, pets and interests, where they had lived and gone to school, their likes and dislikes and how they communicated. The records contained a lot of photographs and gave staff a good level of information and understanding about the person.

We looked at the care plans and risk assessments for one person with a health condition. Records showed staff monitored the person's health closely and shared information with their family who supported them to attend regular appointments with their medical consultants.

We looked at another person's positive behaviour support plan and found this included clear proactive and reactive strategies to support effective communication, life skills, distraction techniques and keep the person and those around them safe using the least restrictive option.

Each person had a health action plan which detailed their medical care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. In addition, each person had a 'Hospital passport.' These records contained details of people's communication needs, together with medical and personal information.

People told us and showed us by their confident manner they would be willing to let staff know if they were not happy about something. One person told us, "We can talk to any of the staff about anything we are worried about and they will help us to sort it out" Others told us, "We can talk to people at college or bring it up at house meetings, there are lots of ways we can talk about anything we are unhappy or worried about."

There was a complaints policy and procedure and staff were familiar with the actions to take if they received a complaint or concern. The policy and procedure was in easy read format to help the people who used the service understand the contents. Records showed concerns were always discussed at the regular key worker and weekly house meetings.

The registered manager told us they engaged in an open and transparent way with relatives and encouraged them to share any concerns they may have. Relatives spoken with confirmed they had never had the need to make a complaint, but were aware of the organisations complaint policy. They told us the registered manager and their deputy was always accessible to them, and any call back requests were always responded to.

Is the service well-led?

Our findings

During our inspection we observed people who used the service being greeted by the registered manager when they returned from their planned activities. People were seen to be keen to share with them what they had been doing and engaged in general banter and conversation in a friendly and relaxed way. The registered manager also managed a similar house run by the registered provider organisation nearby, sharing his time between the two services.

People who used the service told us, "[Registered manager's name] is very good, we can talk to him all the time and he tells us what is happening," and "He is here every day and if he is at the other house and we need to speak to him about something, we can ring him and he will always come over." Another told us, "Sometimes if we have a problem and it is a bigger one, it might take a bit longer to sort out, but he always explains to us why it is taking longer and what he has done so we know things are getting done and being taken seriously. So that is good."

When we asked people's relatives about the management of the service, all the comments we received were positive. One person's relative told us, "[Registered manager's name] is always visible within the service when we visit, he is approachable and a very good manager."

Staff we spoke with told us "[Registered manager's name] visits every morning, we can call or e mail him and he always responds, we are well supported by him." Another commented, "[Registered manager's name] is a very understanding person and handles any issues well. He likes the houses to be homely for the students. He wants the students to do well and is interested in both them and the staff team," and "We all respect him, if there are any staff shortages or something happening he is the first to roll up his sleeves and lend a hand. He leads by his example."

The registered manager was experienced and had worked for the organisation for a considerable time. When we asked the registered manager about their management style they told us, "I consider myself to be a very visible manager, quite 'hands on' and am always there for the staff team. They can contact me at any time. I am flexible and like to come in early to see staff and students in each of the houses and can pick up if anything needs doing. I also like to spend some time during the day at college, so I can see the staff and students in that environment too. All staff are equal regardless of their job roles and they are all essential. The students will just approach me with anything and just see me as another member of the team. I have a relaxed style with students, but there has to be some boundaries for example, if the office door is closed, they know they will need to knock. I think by coming in positive yourself, saying thank you, taking time to sit and have a coffee, all help contribute to having a happy team. I try to keep staff positive, engaged and challenged."

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. Staff also received remuneration for long service within the organisation. The organisation also had 'Investors in People', which was an accreditation scheme that focussed on the registered provider's

commitment to good business and people management. The co-founder of the organisation and Director of Care, had won a national award in 2015. This award is presented to an individual who is judged to have made a long-term outstanding contribution to the lives of people with a learning disability and/or autism.

Staff were provided with handbooks which explained what the expectations were of their practice. It also described the organisation's vision. This was described as promoting a 'society in which disabled people are seen as people first and are able to live fully-integrated lives.' The mission was to 'deliver excellent education, employment, care and support by providing flexible services to meet individual needs, reflecting individuals' uniqueness, their personal aspirations and goals, and giving them optimum control over their lives.' The registered manager told us how people using Linkage college services had been supported to attend an even in London called 'It's a right, not a fight', where people had the opportunity to meet up and discuss their experiences of college and raise awareness of their right to choose which college they accessed, like any other student.

Students we spoke with also told us they could use the student parliament to raise any issues, [This is a student representative body who meet regularly with senior managers to discuss issues, events and future plans for the college.] or use advocacy services.

The registered manager was aware of the importance of effective communication with the people who used the service, relatives, external agencies and staff. They told us they had regular one to one meetings with staff and as a group. Team meetings were held quarterly.

The registered manager told us they were supported by a senior management team and by having regular meetings with the registered managers of other services within the organisation. They told us the meetings were a forum where they could share best practice and discuss ideas to improve the service.

We saw a system was in place to monitor the quality of service people received. This included a range of audits, meetings and surveys to obtain the views of people who used the service and their relatives, and observations of staff practices.

An annual survey had been carried out in 2015. It gathered views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. The service also asked students to complete questionnaires about their experiences of the house and activities they were involved in.

The majority of responses from the organisational surveys for students were very positive, with an overall rating of 90% of people using the service expressing their satisfaction with it. We found the results for the relative's surveys weren't linked to specific services but had an overall rating of 89%. We discussed this with the registered manager who agreed that more specific surveys would be advantageous in that they would provide clearer information and identify shortfalls more easily, e.g. if it was an educational or residential issue (the organisation provides both education and residential services). They confirmed they would share this information with the senior management team.

The quality monitoring programme included a structured programme of peer reviews by registered managers from other services within the organisation. These quality reviews were generally completed every two months and covered all aspects of service provision. Records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

The registered manager regularly completed a range of internal checks of areas such as care plans, personal

finance accounts and medicines management. Results of these internal checks were positive. The medicines systems were also checked each year by a contracting pharmacy. In addition to this staff were also expected to complete further audits of the service to ensure all checks were completed.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken when this was required. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.