

Linkage Community Trust Limited(The) Vale View

Inspection report

Toynton All Saints, Near Spilsby, Lincolnshire. PE23

5AE

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

We inspected Vale View on 27 January 2015. The inspection was unannounced.

Vale View provides accommodation and care for up to 10 younger adults who experience needs related to learning disabilities. It is located in the grounds of Toynton College in Toynton All Saints near Spilsby in Lincolnshire.

There was a registered manager in post at the time of the inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection three people who lived in the home had their freedom restricted in order to keep them safe and four people

Summary of findings

were awaiting the outcomes of their assessments for a DoLS authorisation. The registered persons had acted in accordance with the MCA and DoLS guidance to ensure people had their rights protected.

People were safe living at the home. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. People were supported to understand the risks to their safety and how they could play a part in reducing those risks. Staff understood the importance of positive risk taking so that people could continue to develop their independence and adulthood in a safe way.

There was a warm and caring 'family style' atmosphere in the home throughout the visit; an atmosphere in which mutual trust between people and staff was evident. People's support was delivered in a respectful and dignified manner, and they were encouraged to extend this dignity and respect to everyone they lived with. Staff were committed to ensuring there was a fair and equitable approach to care and support. The basis for this approach was a communication system that ensured everyone had a voice within the home.

People were actively involved in the running of the home and had a say about how the registered provider supported developments within the home. They were encouraged to voice their views and opinions and felt confident that staff would listen to them and take action where it was needed. Staff ensured people had every opportunity to make their own decisions and choices wherever they were able to do so. Staff acted in accordance with MCA principles and guidance in this regard and understood how to appropriately manage care and support in people's best interests.

People and staff worked closely together to ensure everyone lived a life they enjoyed and that was meaningful for them. People were supported to involve others they considered important to them in planning and reviewing their care and support. This was to ensure they had an appropriate network to support them to achieve a fulfilling lifestyle. Staff had a detailed understanding of people's needs, wishes and preferences and used this understanding to promote a person-centred approach to care and support. This included how people were supported to maintain good health and receive appropriate nutrition.

People were able to develop their presence in the local community. This was achieved by people being supported to undertake local work placements and enjoy using community social facilities such as local pubs and cinemas. People had individual activity plans that helped them to develop new interests and maintain those they liked. They had support to take holidays and maintain relationships with those who were important to them.

The registered manager promoted an open and supportive culture within the home for both people who lived there and the staff team. They maintained systems which ensured appropriate staff were employed to work with people and that they had the knowledge and skills to support people in a person-centred way. Systems were also in place to ensure the quality of services provided for people was of a good standard and would be improved where there was an identified need.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People had been supported to stay safe and medicines had been managed safely.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns.

There were enough staff on duty to meet people's individual needs and preferences.

Good



Is the service effective?

The service was effective.

People were supported to make their own decisions wherever possible and staff understood how to support people who lacked the capacity to make some decisions for themselves.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

People received the appropriate support to maintain good health and nutrition.

Good



Is the service caring?

The service was very caring.

Care and support was provided in a warm, family style way by staff who were committed to an equitable and person-centred approach.

People were treated with respect and dignity and their differing needs were acknowledged and met.

People were supported to have as much control over their lives as possible.

Good



Is the service responsive?

The service was very responsive.

People received personalised care and support that was responsive to their changing needs. Their adulthood and independence were promoted.

People were supported to set out and achieve their hopes, dreams and aspirations for a fulfilling and meaningful lifestyle.

People were supported to raise concerns or issues and they were confident they would be listened to.

Outstanding



Is the service well-led?

The service was well-led.

The registered manager promoted an open culture and good team work and staff had been encouraged to speak out if they had any concerns.

Good



Summary of findings

People were supported to have an active role in the running of the home, and the registered provider's wider organisation.

People, and those who were important to them, were encouraged to voice their opinions and views about the services provided.

There were systems in place to assess and monitor service quality and make improvements where needed.

Vale View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 27 January 2016 and was unannounced. The inspection team consisted of one inspector

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with six people who lived in the home and we looked at two people's care records. We also spoke with three external professionals who supported people who lived in the home. Some people used a form of sign language to communicate their views and others did not wish to speak with us so we also spent time observing how staff provided care for them. This was to help us better understand their experiences of care.

We spoke with the registered manager and three staff members. We looked at three staff personnel files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, “We trust them and they trust us.” Another person said, “They (pointed to staff) keep me safe here.” Another person gave us a ‘thumbs up’ sign when we asked them if they felt safe living in the home.

Staff demonstrated that they knew how to identify and report any situation in which they felt people were at risk of abuse. They told us, and records showed, they had received training about how to do this. They were aware of the registered provider’s guidance about how to manage this type of situation and the external organisations they could report issues to. We knew from our records, and what external professionals told us, that the registered manager and staff had addressed concerns in a timely and efficient manner.

Risks to people’s health, safety and welfare had been identified and assessed. Clear guidance was available in people’s support plans about how staff should help people to minimise those risks. Two people told us how staff helped them to stay safe with, for example, going out into the community and keeping their personal money safe. Their support records reflected what they told us. One person described how they had a mobile phone so that they could contact staff if they were out alone. Another person told us about how they kept, for example, laundry and cleaning products safe in a locked cupboard. We saw that there was information displayed in the home about how people could protect themselves from bullying. A person told us that staff spoke with them about this and other ways to keep safe when they had house meetings.

Each person had a support plan about how to stay safe if there was an event such as a fire in the home. One person showed us what would happen if the fire alarm sounded and how they would evacuate the building. They showed us where emergency exits were and showed us the fire evacuation procedure which was available in words and picture so that everyone could understand it.

The registered provider had systems in place to ensure staff employed to work in the home were suitable to do so. We saw they had carried out checks of their identity, their work history and kept a record of their responses at interview. They had also carried out Disclosure and Barring Service (DBS) checks to ensure they were suitable to work in the home.

Staff rotas showed that the amount of staff the registered provider had said were needed to provide support for people were on duty. This included staff to provide one to one support for people where this had been assessed as needed. The registered manager and staff told us there were shortfalls in the amount of staff employed within the service and they were currently recruiting new staff. We saw permanent staff had worked extra hours to cover shifts when required. The registered manager had also used consistent staff from the registered provider’s bank staff system. This meant people received support from staff they knew well, and who knew them. One person told us, “There’s plenty of staff here, I get my one to one to help me do things I want to do.”

People told us they received their medicines in the way they preferred. One person indicated this with a ‘thumbs up’ sign and another person said, “I come to the office, they put them in my hand then I take them.” The person described what medicines they were taking and why and said, “They tell me what they’re for.”

Systems were in place to ensure the storage; administration and disposal of medicines were in line with good practice and national guidance. This included medicines which required special storage and recording arrangements. The records we saw related to medicines arrangements were completed appropriately. These included regular stock counts of medicines, administration records and those to show which medicines had been returned to the pharmacy. Staff told us and records showed they had been trained to manage medicines in a safe way. They told us this included being supervised by senior staff on 12 separate occasions before they were deemed to be competent with this task.

Is the service effective?

Our findings

People were well supported by staff who had the knowledge and skills to carry out their role. One person said, “They know me, they help me with everything.” Another person said, “They’re great.” We asked another person if they thought staff knew how to support them in the way they liked. The person nodded, smiled and indicated “yes” with sign language.

Staff told us, and records showed, that all new staff undertook training which introduced them to the registered provider’s company and to their individual job roles. A staff member said this helped them to settle into their role and feel confident. The registered manager told us they were working towards newly introduced national standards for induction training and their training plans confirmed this.

Staff also had access to an on-going training package which enabled them to learn new skills and develop and update existing skills. Examples of the courses available to staff were regular updates about how to keep people safe, how to ensure people were treated equally and their diverse needs were met, and how to support people who experienced epilepsy. We also saw that staff were supported to work towards gaining nationally recognised qualifications in health and social care. Many of the staff working at the home had already achieved such qualifications at varying levels.

Staff said that they were well supported by the registered manager and deputy manager. They told us they received regular supervision sessions which gave them the opportunity to discuss working practices and identify any training or support needs.

The registered manager and staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training about them. They knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a

person’s liberty were lawful. On the day of the inspection two people were subject to a DoLS authorisation and further applications had been made to the local authority but had not yet been authorised. There was information available around the home to tell people about DoLS.

One person and a member of staff described to us how menus were planned. The person told us a meeting was held every Monday during which everyone had a say in what types of meals they wanted for the coming week. They showed us how people who did not communicate verbally were able to choose from a range of pictures to indicate their choices. They also told us staff supported them to think about healthy food choices. They said, “We can choose salad or pasta but sometimes I like pizza or chips.” We saw there was a range of information available to guide people about healthy eating. Staff told us no-one living in the home at the time of the inspection had a special dietary need but they were confident they could provide such if required.

Drinks were freely available to everyone who lived in the home. They were able to help themselves to whatever drink they wanted, when they wanted it. Some people were able to make their drinks independently and others were supported by staff to do so. Two people told us they could help to cook meals if they wanted to. One person’s activity plan showed they were supported each week to cook their own meal as a way of developing their independence. Records showed that staff had been trained how to ensure food was handled hygienically.

People told us they received good healthcare support. One person said, “I am well now but if I’m not I go to the doctors, it’s good.” People’s support plans showed they benefitted from the involvement of a wide range of professionals such as their local doctor, speech and language therapists and chiropodists. We saw they were also supported to attend well-women and well-men clinics. A document called a Health Action plan was in place which complimented other health records. This document showed how people like their healthcare to be provided.

Is the service caring?

Our findings

People told us staff cared for them and supported them in the ways they liked and preferred. One person was particularly pleased with the way a staff member had supported them to style their hair and took pleasure in the compliments from peers and staff about how nice it looked. One person said, "It's really good living here, I love all the staff, it's brilliant." Another person said, "I like it here better than [my last home], I'm independent now, they're [staff] my friends." When we asked other people if they liked living in the home they indicated they were by smiling, using sign language for "yes" and one person hugged a member of staff.

There was a welcoming and friendly atmosphere in the home throughout our visit. One person who lived in the home greeted us warmly at the door when we arrived. Another person who lived there gave us a tour of the home; they explained how the home was run and what the expectations were of everyone who lived or worked there. They told us about respecting each other and listening to each other. They also told us how staff respected people's privacy and that everyone who lived there did that too. They showed us they had a key to their bedroom door so that they could have their privacy when they wanted it and said, "They only come in when I say it's ok." A member of staff told us, "We work in their home so we do things on their terms."

A person told us everyone who lived in the home had a say about how the home was run and added, "Some of them need a bit more help because they can't speak so we all use pictures and signs." The person also explained that everyone had a key support worker who they could talk to about their lives and any problems they may have. Records showed, and staff told us, that people met with their key support workers on a regular basis and support plans were updated to reflect their views and opinions.

We saw there was a board which displayed photographs of staff members and people who lived in the home. A person told us the board meant that people knew which staff were on duty, who was in when they arrived home and who to look out for if there was a fire. The registered manager told us that the photograph board helped to reduce some people's anxieties about who would be working with them.

They also said that people who could not express themselves verbally had a better opportunity to identify people if there was anything they wanted to convey about a person.

Throughout the visit we saw staff supported people to live their lives in the ways that they wanted to. They showed respect and understanding for people's differing wishes, preferences and needs. One person showed us, and told us, how they were supported to express and achieve their hopes, and aspirations. We saw from records that everyone living in the home had support to do this. The arrangements for this support were individualised for each person and they included acknowledgment that some people required support and decision making in their best interests. In this regard staff used their detailed knowledge of people, the views of family, friends and external professionals who were important to the person to ensure they had the opportunities to live a fulfilling lifestyle.

People were supported to maintain contact with family and friends. As well as being encouraged to visit with people or receive visitors in to the home, they had access to telephones and computerised communication systems so they could speak with people they may not see regularly.

Staff actively listened to what people were saying and offered information and explanations about the topics discussed so that people could make more informed choices for themselves. They also gave gentle guidance and support at an early stage if they saw someone was becoming anxious or upset. We saw people responded positively to this supportive approach.

There was information around the home about advocacy services and people knew how these services could help them. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Staff had a very clear understanding of, and they demonstrated a commitment to supporting equality for people, supporting people's diverse needs and about promoting the values of respect and dignity. A person told us they spoke with staff about these topics when they had house meetings or key worker meetings and records reflected this. We saw this helped to foster a family style feeling within the home and one in which people could still retain their individuality. Records showed, and staff told us, they received training about topics such as equality and

Is the service caring?

diversity, cultural awareness and how to use people's individual communication methods. Staff told us that some people used several different methods of communication or they adapted recognised signs to their own preferences. They told us they quickly learned how to interpret people's own ways of communicating and they demonstrated this to us during our conversations with people.

The registered manager and staff understood the importance of keeping people's personal information securely and confidentially. They understood that information was only shared on a 'need to know' basis. Personal records were kept in an office that was locked when no-one was using it. Staff asked people for their permission to share their support plans with us and included people in our discussions about them.



Is the service responsive?

Our findings

Before people moved in to Vale View they, and the people who were important to them were involved in an assessment of their needs and lifestyles to ensure it was a suitable place for them to live. This process included familiarisation visits to the home to meet the people and staff they would be living with. External professionals told us the registered manager and staff supported the transition process for people in a way that helped to minimise the distress that this process can cause for some people. One external professional told us they were, “Extremely pleased” with the progress a person had made since moving into the home.

Throughout the visit we saw people benefitted from the very personalised way in which staff supported them and encouraged them to be in control of their own lives. Staff respected people’s adulthood and supported them to develop their independence. An external professional told us how a person had been well supported to develop their self-esteem, maturity and decision making skills in the short time they had lived in the home. They described the person as having “flourished.”

People were involved in planning, developing and reviewing their support plans so as to ensure they consistently reflected their needs. Support plans were written in the first person and contained pictures and symbols to help people be involved with them more effectively. They described in detail how people liked to be supported with needs such as safety whilst out of the home, developing their relationships with people and how they made decisions. They also included information about how the person wanted to be treated fairly and how they wanted to be supported emotionally. Where people were unable to make decisions about their own support needs, records showed that the registered manager and staff had appropriately used the ‘best interest’ principles in line with MCA guidance.

Support plans were complimented by a document called ‘All About Me’. This document consolidated all of the information about the person and it was presented in words and pictures to ensure people could understand it and use it effectively. It contained very detailed information such as what made people happy, angry or sad; it showed how the person wanted to be helped to feel better; and it showed how the person liked to communicate with others.

In addition, people were supported to develop a person centred plan which showed their hopes, dreams and aspirations. People used the format they were comfortable with to develop this plan. One person showed us how they had drawn a ‘map’ of the things they wanted to happen in their lives and told us how the staff supported them to achieve those plans. We saw again that these plans were reviewed regularly by people and their key support workers to ensure they were an up to date reflection of their wishes.

People’s personal records contained a photograph of their key support worker and a description of how they helped the person. People also told us they were able to choose their key support worker and change them when they wanted to. One person said, “[My key support worker] is lovely; I’m really happy, I trust her, she trusts me.”

People were supported to undertake a personalised activity plan for their day. We saw some people attended an adult skills centre where they engaged in activities such as cooking, art and drama. Other people had time at home to carry out activities such as their laundry and cleaning their bedrooms which helped them to develop their independence. One person was supported with a work placement and three other people were planning to start a work placement in the near future.

People told us they enjoyed a varied social life. They told us they went to local pubs; a youth club, the cinema and they went swimming. They said there was plenty for them to do at home as well and gave examples of pamper evenings and DVD evenings. We saw people were also supported to maintain and develop their own hobbies and pastimes. One person showed us their computer games and karaoke system. A range of information was available for people to help them choose more organised social activities. For example, people told us about a trip they had to a seaside town and what they were planning for holidays away from the home.

People told us they knew how to make a complaint if they needed to. One person said, “Tell any of them (pointed to staff), they listen.” The registered provider’s complaints policy was available for people in words and pictures so that everybody could use it. Records showed that no formal complaints had been made in the last 12 months. The registered manager and staff demonstrated that they knew how to manage complaints should they be made.



Is the service responsive?

The registered manager said that they had good levels of communication with people, their relatives and external professionals who also supported people. This meant they were able to resolve any issues at a very early stage.

Is the service well-led?

Our findings

Throughout the inspection there was an open, inclusive and friendly atmosphere. People who lived there were encouraged by the registered manager and staff to be fully involved in the inspection process. One person showed us around the home and described things like fire safety arrangements; another person described laundry and cleaning arrangements, and people showed us their support plans and daily diaries.

People described the registered manager and staff in such terms as, “Great”, “Lovely” and “Very, very nice.” A person told us they could speak with the registered manager or staff whenever they wanted to. External professionals told us the registered manager and staff were, “Very professional” in their approaches towards themselves and people who lived in the home.

Staff told us the registered manager was, “Very supportive” and always made time to speak with them. They said staff worked well as a team because they all had the same philosophy about how to support people. They told us the registered provider had an on-call rota for other registered managers to make sure staff had the right level of support during nights and weekends. A member of staff said that the rota had proved to be effective when they had a need to use it. Staff demonstrated a clear understanding of their roles and responsibilities within the team. They were aware of whistle blowing procedures and said they would not hesitate to use them if they needed to.

The registered provider had a system in place to ensure people and those who were important to them were able

to express their views about the service. They did this by way of regular surveys and questionnaires. We saw the results of the last survey carried out in 2015 showed a high overall satisfaction with the services provided. People were also encouraged to be involved in the development of the home through house meetings and, for example, interviews for prospective staff members. The registered provider also held regular meetings with the people who used their services. We were told about an example where people had decided as a group how they wanted to be referred to across the organisation. We were also told about people being involved in the interview process for a new Chief Executive Officer for the provider organisation.

The registered manager understood their role and their responsibilities under the Health and Social Care Act 2008 and associated Regulations. The registered manager informed CQC and other appropriate agencies of any untoward incidents or events which happened within the home. Records showed they regularly reviewed the incident records so that they could ensure the risks of them happening again were minimised.

There were assurance systems in place to monitor and improve the quality of services people received. There were regular checks and audits for areas such as healthcare, care records, staff records, how well people’s rights were being upheld and health and safety. These audits and checks were carried out by another registered manager from within the registered provider’s organisation to ensure an independent view of the quality was achieved. We saw that where areas were identified for improvement there was an action plan in place to show how this was to be done.