Mrs Karen Bradley

Links Lodge

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Overall summary

This inspection took place on 23 December 2015 and was an announced inspection. This meant the staff and provider knew 24 hours before the inspection we would be visiting. This was because we wanted to be sure that people would be at home.

Links Lodge is a detached building situated in a residential area of North Shore, Blackpool. The home is registered to accommodate up to 10 adults, with a learning disability who require assistance with personal care. The home specialises in supporting people with learning disabilities who are living with dementia. At the time of our visit nine people lived at the home.

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

The service was last inspected in November 2014. They met the requirements of the regulations during that inspection and were rated overall as good.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People indicated that they were very happy with the care they received and that they enjoyed the care and companionship of staff very much. People's relatives told us the registered provider, management and staff team were superb. They said they were extremely approachable, available and willing to listen. They said staff involved them in their family member's lives at every opportunity and they felt part of an extended family.

The service provided excellent and innovative care and support to people to enable them to live fulfilled and meaningful lives in a way they wanted. Staff were skilled at ensuring people were safe whilst encouraging those who wanted to enjoy adventurous activities to have as much independence as possible. Relatives were extremely positive about the care their relative received. One relative said, "The staff are fantastic, couldn't be better." Another relative told us, "I wouldn't want [family member] to live anywhere else. The care is excellent and the activities are amazing."

Risks to people were minimised because the registered provider had procedures in place to protect them from abuse and unsafe care. People who were able to communicate verbally, told us they felt safe and happy in Links Lodge. One person said, "I enjoy living here. The staff look after me and make sure I am happy." Relatives told us that staff gave their family member's the best possible care and it was 'second to none'. They said that they knew their family members were safe. One relative said, "The staff care for the residents as if they were their own family. They are so careful with them and do everything possible and more."

Staff demonstrated affection and warmth in their relationships with people. We saw people were delighted when they saw staff arrive in the home and were relaxed and contented when with them. Staff were patient and supportive, encouraging people to trust and communicate with them. One person used a helmet most of the time to protect their head when they moved into the home, as they caused themselves injury when they became agitated. Soon after they had started living at Links Lodge they no longer needed to wear this. Staff and the person's relatives felt this was because they had other more positive ways of gaining staff attention and support and enjoyed a fulfilling lifestyle.

We looked at how the home was staffed. Staffing levels were exceptionally good and were geared around individual's needs. People had personalised one to one care at a time that suited their needs. This ensured people had frequent and individual activities in the home and in the community. The registered provider increased staffing when people were deteriorating in health or at the end of life. This allowed people to remain 'at the home' to be supported by skilled and well trained staff who knew and cared for the person. Recruitment was safe and robust and people who lived at the home were involved in this where possible.

People's health needs were pro-actively met and any changes in health managed well. Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Staff received relevant and up to date training. The management team worked in partnership with dementia and learning disability organisations. They also used innovative systems developed by these organisations to make sure they were training staff to follow best practice. Staff were encouraged by the registered provider to develop ideas to enrich the support provided to people. This helped people to experience a level of care and support that promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life.

The staff team were passionate about providing exceptional care and routinely treated people with kindness and respect. They had an in-depth appreciation of people's individual needs around privacy and dignity.

A variety of home-made food and of specialist produced soft diets were provided to people. Mealtimes were flexible and were relaxed and enjoyable. Staff used a number of different methods to increase people's appetite, where people were underweight or reluctant to eat. Where people were watching their weight staff provided appetising low calorie food.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with the management team to check their understanding of MCA and DoLS. Relevant staff had been trained to understand when an application should be made. Where people lacked capacity staff made sure best interests meetings were carried out and their views and those of relevant people sought.

Summary of findings

The vision and values of the staff team were imaginative and person-centred and made sure people were at the heart of the service. They looked at innovative ways of including people in planning their care, gaining their views and in choosing activities. They used signs, photographs, DVD's, smells and objects of reference to encourage involvement. Relatives said that staff were always welcoming and helped them to continue positive and supporting relationships with their family members.

The home had a clear management structure in place. The registered provider worked in the home on a day to day basis and routinely monitored the care provided. The registered provider and staff team were experienced, knowledgeable and familiar with the needs of the people who lived at Links Lodge. They demonstrated how they had sustained outstanding practice, and pioneering development in the home. The management team continually researched new and innovative information and systems to improve people's well-being. There were formal procedures in place to monitor the quality of the service. Any issues highlighted in the audits were quickly acted upon and any lessons learnt. The care planning / recording system allowed the management team to check what was happening at any time from the home or elsewhere.

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?

Good

The service was safe.

People who were able to talk with us, told us they felt safe in Links Lodge. Relatives told us they had no concerns about their family member's safety. There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so that people were safe but had the most freedom possible.

Staffing levels were good and staff appropriately deployed to provide safe care. Staffing was structured to the needs of the people who lived at Links Lodge.

Recruitment and selection processes were robust. People who lived at Links Lodge were part of the interview process and were able to meet and spend time with prospective staff.

Medicines were managed safely and people were given their medicines as prescribed.

Is the service effective?

Outstanding

The service was outstanding in providing effective care and support.

People received innovative care and support that was based on their needs and wishes. This promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life.

Staff had good access to training and the management team used innovative ways of training staff to assist them in providing a high standard of care to people. Staff were encouraged to develop creative ways of seeking people's views and encouraging communication.

The management team worked in partnership with dementia and learning disability organisations to continuously improve and develop care. They used specific systems to make sure they were training staff to follow best practice.

Staff used inventive methods to alert people to mealtimes and to increase people's appetite. This assisted people to have a varied, interesting and nutritious diet.

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

Is the service caring?

Outstanding

The service was outstanding in providing caring support.

We observed positive interactions from staff and people's enjoyment in response to this. Relatives were very pleased with the care and support their family member received. They said that staff were passionate about the care they provided and their family members were treated with kindness, respect and dignity.

Summary of findings

Staff were exceptional in supporting people with their communication needs. Where people communicated in other ways such as by makaton and their own individual signs to express themselves, staff were trained in and were familiar with these.

The management team ensured that staff had periods of time throughout the week with their 'key person' on a one to one basis. This helped them develop meaningful relationships, increase their knowledge of the person's likes and preferences and share social and leisure time together.

Where possible people at the end of life remained in the home, surrounded by people they knew. Staff used their knowledge and dedication to help both the person and their relatives to have as positive an experience as possible at this difficult and emotional time.

Is the service responsive?

Outstanding 

The service was outstanding in responding to people's needs and preferences

People received care that was flexible and responsive to people's individual needs and preferences, Staff were creative in enabling people to live as full a life as possible, particularly where their communication and other skills deteriorated.

Care plans were personalised and people and their families had been involved in developing these. Staff used innovative and individual ways of involving people so that they were consulted, empowered, listened to and valued.

The arrangements for social activities were inventive and met people's individual preferences. People were encouraged to be part of their local community and to integrate into community groups in the area.

Is the service well-led?

Outstanding 

The management and leadership of the service was outstanding.

People told us the registered provider, management and staff team were approachable and available and willing to listen to people. The registered provider was passionate and dedicated to providing an outstanding service to people.

The staff team worked in partnership with other organisations at a local and national level to make sure they were following up to the minute practice and providing a high quality service.

The registered provider had a clear vision and researched and introduced innovative systems to improve people's quality of life. They had been creative in the use of staff resources, technology and person centred planning to support people's well-being.

There were procedures in place to monitor the quality of the service. Any issues found were quickly acted upon.

Links Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 23 December 2015. The provider was given 24 hours' notice because we needed to be sure that someone would be in to take part in the inspection

The inspection team consisted of an adult social care inspector and an adult social care inspection manager.

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

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing the care and support being delivered throughout the communal areas of the home. We spoke with a range of people about the service. They included the registered provider who was in day to day control of the home, four members of support staff on duty, and two people who lived at the home. We met seven other people and observed how staff interacted with them. As most people in the home had limited communication we contacted and spoke with six relatives.

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

Good

Is the service safe?

Our findings

Risks to people were minimised because the registered provider had procedures in place to protect them from abuse and unsafe care. Most people had limited verbal communication. However they indicated they were happy by smiling or laughing when we asked about the home and staff. People who were able to talk with us, told us they felt safe in Links Lodge. One person said, "I enjoy living here. The staff look after me and make sure I am happy."

Relatives told us that their family members were remarkably well looked after and were safe. They said that they had no concerns whatsoever about their safety at Links Lodge. One relative said, "The staff are amazing. Never mind going the extra mile, they go the extra hundred." Another relative told us, "I can relax now knowing [my family member] is settled and happy in an excellent, caring home."

Risk assessments were in place to reduce risks to people's safety while providing as much independence as possible. Staff were exceptional in enabling people to achieve a fulfilling life, by assessing any risks, while keeping them safe.

Staff told us they had participated in training through role modelling showing them how to communicate positive attitudes, especially to people who had no verbal communication. They had recognised that through promoting an enabling culture service users could be empowered and made to feel "safe" where before they were perhaps apprehensive about certain tasks. For example previously it was assumed one person would be unable to put out their own breakfast because of safety issues within the kitchen and limited dexterity. Using suitable aids sourced through the home's occupational therapist and providing one to one supervision, the person was able to prepare their breakfast. This achievement increased the person's independence and improved their confidence and well-being.

Where people were involved in adventurous activities, such as wheelchair ice skating, the staff team minimised risks by using the rink when it was a quieter time and involving an ice skating coach in the session.

There had been no safeguarding alerts raised about the service in the previous twelve months. Informative safeguarding and whistle blowing policies and procedures were in place. Staff were able to talk through the steps they would take if they had suspicions of abuse. They said they would have no hesitation in reporting abuse. They were confident that any concerns would be acted upon by the management team and they would be given any support needed. Records showed and staff confirmed they had received training in safeguarding adults and this was regularly updated. These measures assisted them in reducing the risk for people from abuse and discrimination

People had personal evacuation plans in place. These assisted the staff team to plan the actions to be taken in an emergency. We spoke with staff who told us that they discussed and reflected on any accidents or incidents, complaints, or concerns, at team meetings. They evaluated how well the situation had been managed and what lessons had been learnt.

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

We looked at how the home was being staffed to make sure there were enough staff on duty to support people throughout the day and night. Most people were highly dependent and needed a lot of staff support. We looked at staff rotas. We saw there was a high number of suitably trained and experienced staff to support people safely and provide individual attention and activities. People we spoke with and relatives were pleased with the staffing levels they or their family member received. One person said, "We are always doing things here or outside."

The staff we spoke with told us that there were always enough staff to meet people's needs. They said they had time to support people on outings, holidays and activities and to support people who chose to stay at home. Staffing was organised around people's needs. Staff understood the need for rotas to be flexible so that people's activities were at a time that suited the individual. Staff told us and rotas reflected that the provider increased staffing whenever needed. They told us how the staffing had been recently increased when one person was coming to the end of their life. The registered provider made sure there was an extra member of staff on each shift so one member of staff remained with the person and his relatives at all times. The relatives had wanted this support and were very

appreciative of this. They said, "It made the dying process just a little less scary." We saw that if an individual went into hospital, an additional member of staff was rostered on each shift to support and care for them throughout their stay. Having a familiar person to help them in a strange and possibly stressful environment helped to reduce stress and anxiety.

There was a low turnover of staff within the home and staff were familiar with the needs of individuals. Relatives said they were appreciative of this. They told us this meant that they always knew the member of staff they were speaking with. Also that all staff knew the needs and preferences of their family member. We saw that agency staff were never used and staff would work additional hours to support people, if any additional staff cover was needed. Staff told us that morale was high and they worked to support people well as a team.

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

The staff files we looked at showed us that a Disclosure and Barring Service (DBS) Adult First Check had been received before new staff were allowed to work in the home. These checks are made by an employer to make sure that a person is permitted to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received. All prospective members of staff had had interviews. People who lived at Links Lodge were part of the interview process. They were able to meet and spend some time with prospective staff. The management team supervised this contact and observed how prospective staff related to and interacted with people. People were also asked for their opinions where they were able to give this. How people responded to prospective staff influenced whether they were offered a position.

We looked at how medicines were managed. All staff had been trained in the management of medicines. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed a member of staff giving medicines. We saw that medicines were given safely and recorded after each person received their medicines. Information about the medicines administered and the reasons for these was in place to assist staff in their understanding of individual medicines in use. One relative told us that the staff had been proactive in changing some medicines which were affecting their family member's well-being. They said staff involved the family throughout.

Where people were unable to verbalise they were in pain, staff used person centred assessment tools such as the Abbey pain scale and DisDAT (Disability Distress Awareness Tool) which has been specifically designed to assist with identifying distress in people with severe communication difficulties. They take into account body language and facial expressions and other non-verbal signs to convey pain. Staff explained that this was more suitable for people at Links Lodge who had limited communication, than more general tools previously used. This tool, as well as staff knowledge of each individual, assisted staff to know when to give people pain relief. It also assisted them when discussing pain relief requirements to the GP and health professionals.

Outstanding ☆

Is the service effective?

Our findings

People who were able to speak with us told us staff talked with them about how they preferred to be cared for and agreed this with them, providing care as the person wanted. One person said, "The staff help me do anything I want." Relatives said the way people were supported was exceptional. One relative told us, "The staff are absolutely marvellous, fabulous, in the way they seem to understand what [our family member] wants." Relatives told us the healthcare, social, occupational, equipment and dietary needs of their family members were very well monitored and staff quickly responded to changing needs and informed them of any concerns.

Over half of the people who lived at Links Lodge did not have any verbal or formal communication. However staff were so familiar with people's gestures, facial expressions and movements that they were able to understand for example, if they were happy or in pain. This was particularly important for people with no formal communication. Staff recorded each person's non-verbal communication using text, pictures and photographs so that all involved were clear on what each action meant. This included descriptions of vocal sounds, and pictures of facial expressions, gestures and body language. Where people used some sign language staff were familiar with the signs they used. Staff discussed and reviewed changes in people's communication at staff meetings. Where people were losing some of their communication skills, staff made sure any reaction to situations was recorded so staff could still understand the needs of the person.

Using their training, staff were encouraged to develop creative ways of seeking people's views and encouraging communication. We observed staff interactions and saw people trusted the staff team. We could see people were content and smiling and staff were exceptionally good at understanding people's needs. Staff spent a lot of time "learning" how to communicate with each person on a one to one basis. They were quick to take note of people's gestures and facial expressions. One person became agitated after finishing their drink. Staff saw this and understood the person was still thirsty so offered them another drink which was quickly taken. The person then relaxed on the chair.

Staff used a specialist system to show the level of activity most beneficial to individuals as their dementia progressed. Frequent assessment and review assisted staff to continue to provide the most effective and pleasant level and type of activity for each person. The system provided instruction which was used to train staff to assess people's activity levels and provide activities which supported the person's well-being. One person had become more disengaged with everything around them as their dementia progressed. The 'PALS' and 'Living Well With' activity tools enabled staff to identify and focus on the person's broad level of function and then develop an appropriate activity programme. This knowledge assisted in the development of an individual action plan to meet the person's needs.

Life history work through use of 'Pool Activity Levels' (PAL) and 'Living Well With' activity toolkits enabled the staff team to take a person centred approach. Staff explained that one person, prior to the onset of their dementia, had been very busy and active. The person used to like to visit the offices where they used to do office work. This environment and regime had been re-created inside Links Lodge and staff used their skills and training to engage the person and support them with very meaningful activities. We saw the person got up in the morning and carried out their office duties, even wearing appropriate office clothes. This left the person with a sense of purpose and their well-being was promoted.

The systems used identified how to pitch an activity in a meaningful way and this information improved responses to social engagement. One activity related to music. The person reacted positively to particular genres of music and specific tracks triggered positive memories and enhanced their mood. Staff explained the person's routines and activities occurred during the day or night, whenever the person was more alert. Records showed the person had been seen 'dancing in their chair' on more than one occasion. This created 'golden moments' which preserved and promoted continued well-being. The staff described a golden moment as a moment that itself could quickly pass but the feeling of peace and happiness was retained for a much longer period, even in late stages of dementia. This gave the person a feeling of relaxation and well-being and encouraged engagement.

The home had a multi-sensory area with bubble tubes and large projector. This was used in innovative ways. For example, during creative story making sessions, alongside physical props, using the internet the projector to set the

Is the service effective?

scene and re-create sounds. Life-story DVD's including pictures and video of people's lives assisted in reminiscence and had positive effects on the quality of life of people.

People's needs had been identified in care plans and staff were pro-active in making sure these were well met. The staff team had developed and established strong ongoing links with psychology, epilepsy, occupational therapy, continence services, learning disability nurses, Macmillan nurses, mental health professionals, chiropodists and dieticians to ensure the most holistic and effective care and support for people. Records reflected this. Professionals spoken with said staff had an excellent rapport with the people they care for. They were knowledgeable about people's needs despite each person's complex needs.

People had regular health checks and staff quickly acted on any health issues and monitored these. The management team employed a part time occupational therapist who developed strategies to assist people in daily living activities. Informative records were kept so everyone involved with the person's care knew what their needs were and if there were any changes to their care. These referrals meant they were receiving the care they needed from other professions in a timely manner. Several professionals told us they felt Links Lodge was one of the best care homes in the area.

The management team had appointed champions within the staff team including dementia, and infection control. The champions sought out information and actively supported other staff to make sure people experienced good healthcare outcomes. This helped the staff team to develop ideas and innovations and to assist people with meaningful activities, interactions and relationships. Based on recent research, the management team had integrated aspects of a 'home-maker' model of care into the home. Practically this meant at key points of the day, staff were either focussed on care based tasks or other activities of daily living. Feedback was positive and it had increased people's social and activity based interactions.

The staff team were very aware of the importance of eating and drinking well. People able to, told us they enjoyed their meals, they always received as much as they wanted and the meals were good. People were encouraged to have drinks on a regular basis.

Staff used innovative methods to enable people to have a varied, interesting and nutritious diet. This included using picture menus and showing people different drinks and meals to choose from. Special therapy sensory smells and real foods, were used as part of alerting people to mealtimes and to increase people's appetite. These smells included fresh bread, roasting chestnuts, chocolate and coffee. Staff also showed DVD clips of food preparation, pictures of food and sounds such as sizzling bacon. Staff observed and recorded each person's reactions to the foods offered. This knowledge assisted people in continuing to make choices and to have foods they enjoyed.

There was information about each person's special dietary needs, likes and dislikes in the care records including special diets. Staff told us they encouraged healthy low calorie meals for people who were overweight. Where people were underweight they added high calorie foods such as cream to meals to fortify food and drinks. Staff showed us the specialist high calorie soft diet ready meals that were used, which allowed people to enjoy foods as a soft diet which kept their shape and remained appetising. Speech and Language therapist (SALT) assessments were requested and dieticians were involved to ensure the most effective food regimes. These recommendations were incorporated into plans of care.

Mealtimes were person centred and flexible. Meals were eaten according to individual preference. We observed a meal where people made choices about their food. Staff supported people who required help in a cheerful, respectful and dignified way. Where people were reluctant to eat or had difficulty in eating and drinking, staff patiently encouraged them to eat, talking and offering a choice of food and drink. This ensured people's dietary and fluid intake was varied and sufficient.

Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. We saw one person was severely affected by their weight on admission. Over time they were encouraged to eat healthily and supported to gently exercise. Staff joined in with the healthy eating and weigh ins, sharing the ups and downs of losing weight. The person lost weight and their health improved. They began choosing foods using the picture menus and were involved in shopping and cooking. The

Is the service effective?

lifestyle of the person had improved and their life expectancy had significantly increased. They enjoyed a much more fulfilled and active life than was previously possible.

Staff were highly motivated, inspired and very enthusiastic about training and how this could be used to improve people's well-being. Staff told us they were encouraged and supported with frequent and relevant training and support. Training methods included formal courses, DVD and questions, role plays, experiential learning and interactive experiences. They had recently participated in role modelling, which showed them how to convey positive attitudes and look at possible reactions to negative interactions, particularly where people had no verbal communication. This assisted them in their interactions with people.

A new member of staff confirmed they had a comprehensive induction period which included completing specific training and shadowing a senior member of staff. All staff were expected to complete national qualifications in care. They were supported and encouraged to complete a variety of training including end of life care, health and safety, moving and handling, food hygiene, safeguarding, medication administration, respect and dignity, and communication skills. Staff told us about how they also had a 'Quote of the week' suggested by staff to encourage improvement and innovation. Relatives told us they thought the staff were highly trained and knowledgeable.

Staff told us they received regular supervision and annual appraisal and records confirmed this. Staff and those involved with their performance discussed performance and development and the support needed in the role. They were used to assess performance and focus on future objectives, opportunities and any resources needed.

The staff team had researched good practice regarding the environmental needs of people with learning disabilities and dementia using guidelines from the Alzheimer's society, Down's syndrome association and other organisations. This ensured the environment changed and developed to meet people's individual needs. It included dementia friendly, contrasting, furniture and fittings, easy to open, with no sharp edges. People were actively involved in the decoration of their rooms, including choosing colours and assisting with decorating. Rooms included dementia friendly design features, such as neutral wall colours and brightly coloured objects to aid orientation and participation within the environment. Contrasting coloured crockery and table cloths were used. Where appropriate the staff team used higher than normal lighting levels and enhanced use of natural daylight. These assisted people to remain as independent as possible.

One person was distressed if their bedroom door was closed as their dementia developed. The registered provider arranged for fire safety approved hold open devices so they were able to have their door kept open and see staff from their room. This reduced their levels of anxiety.

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 management team had policies in place in relation to the (MCA and (DoLS). We spoke with the staff to check their understanding of MCA and DoLS and they had a good awareness. Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. We saw evidence that staff had ensured best interest decisions were carried out in relation to procedures of a medical nature. These involved all interested parties in the process to protect the rights of people. The management team showed us DoLS applications in place. We saw that staff were working within the law to support people who may lack capacity to make their own decisions.

Outstanding ☆

Is the service caring?

Our findings

As part of the inspection process, we spoke with people who were able to discuss their care with us. One person told us "I am so happy here. I love the staff. They are great." Where people were unable to answer questions we observed the positive interaction from staff and people's enjoyment in response to this. We saw people laughing and smiling, enjoying the attentions of staff. Where one person showed signs of being unsettled staff quickly checked what was wrong. Through asking questions and observing reactions they found out the person wanted to go into the kitchen. They swiftly went off together to get involved in a cooking activity.

We spoke with relatives. They were extremely pleased with the care and support their family member received. They said that staff were always welcoming and passionate about the care they provided. Relatives were consistently praising the patient and caring attitude of the staff. They told us their family members were treated with kindness, respect and dignity. One relative told us, "The staff are absolutely amazing. Nothing is too much trouble. We know [our family member] is exceptionally well looked after and happy." Another relative said, "Nothing could be better than this. The staff are second to none."

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life. One person who had been unwilling to have contact or communicate with people when they moved into the home, gradually began to interact with staff. A relative said, "We have seen a massive difference since [our family member] moved here. The staff have transformed their life."

The staff had almost all worked at the service for a long time and knew each person and their preferences well. All staff were person centered in their approach. They often discussed ideas 'to help reduce any obstacles as an individual's dementia advanced. This helped the person to continue enjoying the best possible lifestyle. Where needed, staff used hand over hand active support techniques to promote participation in activities. One person in the later stages of dementia who had lost the power of speech and mobility had 'golden moments' using the iPad. When they had short periods of alertness staff assisted them to paint and colour, make sounds and music, using only the touch of a finger. Being able to quickly access pictures and music when aware, from their earlier life, enabled staff to provide happy times. We saw although these were fleeting in terms of their time span, they provided pleasurable memories which lasted much longer. The registered provider told us, "These 'golden moments' are priceless."

People were very much part of the local community, attending church services and a variety of social clubs and social events in the area. Through these activities they knew a lot of people in the area and would pass the time of day when they were out for a walk. The management team ensured that staff had periods of time throughout the week with their 'key person' on a one to one basis. This helped them develop meaningful relationships, increase their knowledge of the person's likes and preferences and share social and leisure time together. The staff team had looked at how their own likes and hobbies would match and complement an individual's likes and types of activity. The shared interests assisted in people's enjoyment and enthusiasm for particular hobbies and activities. One person liked trains and was matched with a member of staff with similar interests, so they could enjoy train activities together. Another person enjoyed social events but was sometimes anxious talking with people. They matched themselves with a member of staff who liked being part of a social group. They became firmly part of a coffee morning group where they socialised and were part of the 'kitchen team' giving out drinks. This made the person feel valued.

We saw in people's smiles and laughter that they responded positively to, trusted and enjoyed time with staff. Their body language showed how content and comfortable they were. We watched a DVD with people of their recent activities. The way people reacted to the DVD, looking at staff and laughing, showed the excellent relationships they had.

Staff were kind and compassionate and showed a relaxed, patient manner when supporting people who were only able to communicate slowly or who chose not to interact. We saw one person was being treated for depression when they moved into the home and was withdrawn and uncommunicative. Staff worked tirelessly to make the person feel 'wanted' and valued and to meet their needs. They became much happier and responsive and allowed staff to engage them in meaningful activities and made positive choices. The person's vocal interaction was initially

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very minimal and this was not helped by their lack of confidence and cognitive barrier to processing and responding to information. Staff were carefully able to engage them by slowly building their trust and confidence through praise and encouragement of achievements and regular one to one time. Gradually the person began to communicate with staff and express their wishes. They even began initiating conversations. This nurtured their confidence and self-esteem. They were recently taken off their antidepressants by their GP as they no longer needed these. Their relatives were delighted with the change in their family member. They said, "We are so grateful we have [our family member] back. They are now doing and saying things that we haven't witnessed for many, many years. We can't praise the staff highly enough."

Staff were proactive in ensuring people's privacy and dignity. People looked well-groomed and cared for and dressed appropriately. Staff spoke with people in a respectful way, giving people time to understand and reply. They were discrete when providing personal care and were sensitive and patient when explaining this to people. Staff knocked on bedroom and bathroom doors to check if they could enter when people were having personal care. Where a person was likely to leave their bedroom or bathroom door open, staff discretely and sensitively supported them to have privacy. Staff were careful not to be in an area where they could be overheard, when discussing people's needs. Staff handovers and reviews of people's needs were carried out away from people so their confidentiality was not breached.

Where possible people at the end of life remained in the home, surrounded by people they knew. Earlier in the year, the health of one person living with dementia, had deteriorated and they were receiving 'end of life' care. The staff team supported the person to remain in the home surrounded by their relatives, staff they knew and their own possessions. In the weeks leading up to the person's death the staff team worked together so that they could spend more of their time supporting the person and their close family. Preferred priorities for care and advanced care planning documentation had already been completed which assisted in providing person centred end of life care. As the person did not have the capacity to make these decision, best interests meetings had been carried out.

All staff had received training focused in this area of care with special focus on privacy and dignity. By knowing and being able to identify the various stages of dying staff were able to take away the unknown and make the process less frustrating and upsetting for the family as well as delivering the most appropriate care for the person. We saw positive remarks from the family, thanking staff for their empathy and understanding and supporting them. Staff used their in depth knowledge and dedication to help both the person and their family to have as positive an experience as possible at this difficult and emotional time. In the final weeks of the person's life the family often stayed 24 hours around the clock and were supported practically and emotionally by the staff team. The family were understandably anxious and nervous about being left alone. The registered provider made additional staff hours available to deliver the care and support. After discussion it was agreed that two staff would primarily support the person and their family. They even volunteered to stay in their own time and to stay overnight to make sure that the family were not left alone as they were anxious about this.

The staff team used the Dementia Gateway information to help all staff to focus on specific care issues. The person's family were appreciative that the person was "dying well with dementia" and fully appreciated the level of knowledge and support that was given to help them understand and come to terms with exactly what was happening. The person died peacefully and pain free in their own bed with family and key staff around them. Pain relief treatments were delivered whenever needed with staff trained to use person centred pain related profile tools, such as the Abbey pain scale and DisDAT. This took into account facial expressions to convey pain and was more suitable to this person than more general tools. These tools were used by staff to assist visiting nurses and GP's to interpret the person's pain levels with improved accuracy. A staff member said, "I supported [the person] at the end of their life. The provider put me on a course to learn end of life techniques. This helped and I was more confident and had the knowledge to really make a difference to [the person] and their family at this very emotional time." Another member of staff told us, "It was rewarding and a privilege to be a part of the care and in the days after [the person's] death I received full support from all of the staff team."

The management team told us that people wanted the vacancy in the home. However they said they would not be considering anyone moving into the home for a while. They

Outstanding ☆

Is the service caring?

felt it was important that people who lived at Links Lodge and the staff team had the time and space to grieve and adjust to the change before someone else was introduced to the home.

We gathered feedback from external agencies including learning disability services, health and social services, local district nursing teams and specialist services. Links with health and social care services were excellent. The registered provider and staff were complimented by health professionals coming into the home for their competent and compassionate care to the person they recently supported. Health and social care professionals told us they were pleased with the care provided and had no concerns about the home. They told us the staff at Links Lodge provided personalised care and achieved extremely positive results.

Outstanding ☆

Is the service responsive?

Our findings

People told us they were happy and they didn't need to complain. One person said, "I am happy here I would tell the staff if I wasn't happy." Relatives were extremely complimentary and said staff were 'brilliant' or 'amazing'. They told us they could talk with the registered provider or the staff team at any time and issues would be dealt with. One relative told us, "I have full confidence in the staff. They bend over backwards to make life good for everyone." Another relative told us, "[Our family member] has come on leaps and bounds since being here. I am very impressed."

Staff used innovative and individual ways of involving people so they were consulted, empowered, listened to and valued. There was a complaints procedure available in text and as a DVD which could be given to people. This assisted people to understand how to let people know if they were unhappy with their care or something in the home. We saw there hadn't been any recent complaints. The staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. All families spoken with told us they had no complaints. They were very confident if they had any concerns they would be quickly dealt with to their satisfaction. One relative told us, "I couldn't fault the home or staff. I have no qualms. They are absolutely brilliant. I can't thank them enough."

We looked at three people's care records. They each had an informative person centred care plan and risk assessments. Person centred care sees the person as an individual and considers the whole person, their unique qualities, abilities, interests, preferences and needs. We saw each person's life history, likes, dislikes, hopes and wishes were recorded including small details like favourite colours or games. Staff knew these preferences and were innovative in suggesting additional ideas, particularly for fun, social and leisure activities.

The staff constantly strived to improve. We saw the management team had introduced specific care systems to support people with learning disabilities and dementia. Staff were enthusiastic about these and how they improved people's quality of life.

Staff had attended a specialist course called 'iPad to inspire' to engage with and create a stimulating and fulfilling environment for people living with a learning disability and dementia. Staff said everyone who attended was inspired by the wealth of ideas and opportunities that were shown to them and they were keen to engage people in new and exciting ways. We saw staff assisting people to interact with the programmes on the iPad's. People were using iPad's with full support or a little supervision to interact with others and get involved in stimulating and enjoyable activities. Some apps engaged people and used music and coloured imagery in an interactive way to provide mental stimulus and a calming peace of mind. Others required creative input such as pictures of memories, possessions and activities. These were used to aid communication with family and friends. The provider told us, "It is wonderful to empower people with limited communication skills with the opportunity to relate their own story of events through technology. The look of achievement and self-worth on their faces has to be seen to be believed." Relatives told us they were amazed and moved by the changes they saw in their family member when they used the iPads.

We saw that one person, who had no verbal communication, was transformed in confidence because of the iPad. The person had been able to build up a picture/ video diary by taking the iPad with them. This meant when the person visited their family they could 'tell' their family using the iPad what they had been doing. On their return to Links Lodge they were able to tell staff about their visit.

Records seen also described how the iPad had changed the behaviour of another person. At times they had showed some behaviour that challenged. They were able to use the iPad when feeling agitated to express their feelings through sensory games and activities. Their demeanour and facial expressions relaxed and they became less agitated. This had enriched the person's life and assisted them in dealing with situations that challenged them.

Staff had used the iPad to make a DVD of each person's life story. A large screen was used to screen people's home-made, personal DVD's. We observed the reaction of people when their DVD went on the large screen. Their body language and facial expressions showed they were watching and enjoying the pictures of their early lives and recent activities and celebrations.

People able to talk with us confirmed they were actively involved in planning their own care. We could see from people's care records that their care and support was planned in partnership with them. We saw where people

Is the service responsive?

were not able to formally participate in planning their care, staff observed and noted their responses to particular events or activities. One person was withdrawn and uncommunicative when they moved into Links Lodge. Staff worked closely with the person's family to build a life story. This assisted them to respond to the person's needs and produce a person centred care plan that would promote positive outcomes. Records showed, on admission the person did not always like to get out of bed in a morning. Encouraging them to get dressed and have breakfast was sometimes a challenge. However staff quickly recognised that the person was very fond of numbers and colours and responded well to praise. They used these observations to build a morning routine which made getting up and dressed a fun and rewarding experience where the person was happy and engaged. This process gave them a morning routine which was purposeful, fulfilling and set them on track for a good day.

The staff team looked at innovative ways of including people in planning and developing activities. Staff found through assisting one person in completing their life book that they lived in a pub in their younger years. They talked about clearing glasses, beer mats and ashtrays to help their family. The staff team then created an innovative 'Story Box' session themed around a bar room where staff engaged with the person positively through using this multi-sensory environment. Staff used the 'story box' to reminisce about those times and included picture slide shows, 60's era sounds, physical objects and even pub smells to stimulate many senses at the same time. The person was able to experience happy memories triggered from their past and this created 'golden moments'.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The arrangements for social activities, and where appropriate education and work, were inventive and met people's individual needs and preferences. There were frequent and varied activities available during each day in which to involve and stimulate people. Where people had limited communication, staff showed people pictures, objects of reference or DVD's to explain the activities they were planning. They also used a variety of smells like baked bread and coffee to see if people wanted to go for a drink, vinegar or curry smells for a meal out and engine oil to show they were visiting the trains. Staff were creative and enthusiastic in searching out different smells and objects of reference for people to look at or feel to help explain personal care and activities. It also enabled people to continue to make choices when their level of communication decreased.

Staff used light and sensory equipment and other sensory stimulation such as aromatherapy and massage, to provide either a stimulating or calming environment for people. Physio exercises were made fun with one person and a member of staff doing the exercises together. We saw them laughing and joking as they carried out the movements which the person clearly enjoyed. As well as arts and crafts and board games, we saw story boxes and memory boxes being used and various Wii games. We saw one person playing a Wii bowling game with staff, laughing and celebrating beating them. There were vegetable plots in the garden so people could get involved in growing flowers, fruit and vegetables. There were several outdoor games, which were used in the summer months. The home had a pet rabbit which people enjoyed. There were also two dogs who visited to provide pet therapy to individuals.

Outdoor activities were provided on an individual or small group basis so that each person's likes and needs were met. Staff were thoughtful and creative about the choice of activities based on the individual's previous experiences and reactions to social events. These included circus, shows, sports and music events and theatre. Two people had recently started wheelchair ice skating with the assistance of an ice skating coach and smiled broadly when we were told about this. Where people were no longer able to visit the theatre, the registered provider arranged for theatre groups to stage productions, and singers and entertainers to perform in the home or local church hall. This meant that people had an enhanced sense of wellbeing and exceptional quality of life, even as they became more dependent.

People told us and we saw pictures of regular theme nights where foods, smells, images, clothing, accessories and music were brought together to provide different and engaging experiences that enriched the lives of people who wished to participate in these multi-cultural events. These included Chinese, Indian, Polish and Western/Cowboy events. Outcomes were very positive for people and often resulted in 'golden moments'. These were captured on camera and the images used for reminiscence. They were shared with relatives who would otherwise have missed

Is the service responsive?

out on special times, when their family member was alert and happy. One relative told us, "The owners often send us photos of activities. We are made up when they print them off for us."

Staff told us a regular entertainer to the home engaged and interacted with people through singing performances. They included meaningful tunes. Care records showed one person liked a particular song. Although the person found it hard to concentrate on a conversation for any length of time, when they heard that particular tune they were able to remember all the words. They would sing them loudly in a passionate and expressive way. Staff saw their mood and memory was positively enhanced for some time afterwards. Staff felt this mood enhancement was especially important where people could no longer make a verbal contribution. They looked at the things people used to enjoy doing, observed people's reaction to particular activities and stimuli, talked with relatives and used innovative good practice guidelines to assist them in this.

Several people had recently enjoyed holidays in this country and abroad. Staff supported people during these holidays, voluntarily giving up some of their own time to enable people to enjoy a variety of holidays. People indicated how much they enjoyed this. This assisted people to retain and relive happy memories of special times again and again. This 'ordinary life model' enriched people's lives and enhanced their sense of well-being and quality of life.

People were encouraged to be part of their local community and integrate into community groups in the area. Two people had started going to a local coffee morning and bingo club in the local area, with a member of staff. They became 'regulars' and were part of the 'kitchen team'. This made them feel included and they told us they enjoyed this. Most people who attended got to know them and then would chat when they met in the street. One person told us a new art group was starting and people attending the coffee morning had invited them to join. Relatives told us they were really pleased with the breadth of activities. One relative said, "The theatre groups and the theme nights are amazing. I am always disappointed if I can't get to them." Another relative commented, "The staff are fantastic. They take [family member] to things we wouldn't even have thought of and we can see that they have had a wonderful time."

Relatives were kept involved in their family members lives. This included being invited to regular social events and activities. The staff team had always encouraged contact with relatives wherever they lived. However, with the pace of technological developments quickening, staff were able to send and receive messages via the internet. The new care monitoring system had an integrated "Relatives Gateway" which enabled two way communication from the home to any part of the world. This gave people the opportunity, with staff support to have increased communication with family and friends.

Staff sent regular emails with pictures of their family member involved in different activities to keep them up to date. One relative said, "I can't always get to the home but love seeing all the activities [family member] gets involved in. Senior staff had also developed a website, part of which only people who lived at Links Lodge and family and friends could access. There were plans for this to be used for information which was only being shared with people involved with the home.

People had a hospital passport to assist if they went into hospital. They would also have a member of staff with them. The hospital passport contained information for staff unfamiliar with the person. This included how to support them, assist with meals, how to give medication and ways of communicating particularly in relation to pain, comfort, fear, sadness and happiness. One person had been admitted to the home with pressure sores. The registered provider sought out dietician advice and researched a diet that the person found agreeable and would aid tissue healing. They sought advice from an occupational therapist regarding postural management. This had a positive effect on the person's health and wellbeing and the home were commended for their work by visiting professionals.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Independent advocates had been involved where important decisions were made where people lacked capacity, so people had a 'voice' where there was no family involved. One person had recently been part of a local advocacy group which was being asked their views on health provision in the area.

Outstanding ☆

Is the service well-led?

Our findings

We saw people reacted cheerfully and enthusiastically to the registered provider and staff team. People told us the registered provider, management and staff team were 'great'. They said they were well looked after by the staff. Relatives told us the registered provider enthused and excited the staff with her visions and ideas for improving life for people. Relatives said the staff team were 'amazing' and 'the pick of the bunch'.

The registered provider had the legal responsibility for meeting the requirements of the law. She worked closely on a daily basis with people who lived in the home and staff team. She had extensive management experience and a proactive style of leadership. The registered provider strived for excellence through consultation, research and reflective practice. She was passionate and dedicated to providing an outstanding service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people. They were committed to providing the best service they could deliver, resulting in the finest possible outcomes. This was evident in the enthusiastic way the staff team described improvements and ideas they were developing. The staff team worked in partnership with other organisations at a local and national level to make sure they were following up to the minute practice and providing a high quality service.

Comments from other professionals involved in the home were extremely positive. They told us staff were very knowledgeable about people and their preferences. They felt that were polite and professional but determined to get the best for the people they supported. They told us the home was very well managed and organised and the provider 'led from the front. They added that nothing seemed to faze the staff and they were professional and extremely caring. One professional told us that if they were supporting a person, staff stayed to reassure the person and reduce any anxieties. They added staff had a great rapport with the people in their care.

Relatives were consistently positive about the service their family members received. One relative said, "I have such trust in all the staff, They are all fantastic especially [the registered provider] who leads from the front."

The management team regularly researched innovative initiatives and new care tools to improve the management of the home and support for people. They attended care conferences and exhibitions, often taking staff and people who used the service to encourage their input, views and ideas. Through researching creative initiatives, the management team had identified the potential value and enhancement to people's lives. These initiatives were innovative and not yet widely used in care services.

New systems and initiatives were monitored and evaluated by the staff team for usefulness. As well as acting as a motivator to guide staff to positive ways of engaging people, it helped them reflect on and learn from methods that had not worked as well as they hoped. Through the management team's encouragement and motivation staff had sustained outstanding practice and improvements over time. The registered provider endeavoured to maintain and improve people's quality of life and wellbeing. An example of this positive attitude was their comment, "If we could turn 'golden moments' into 'golden hours' that would be great. That is our goal."

The management team had introduced an electronic care monitoring and recording system. This allowed staff to use handheld devices around the home to quickly update and record care delivered as it was provided. This freed up staff time to increase the amount of time spent interacting with people throughout the day. The system also provided the management team with a live overview of care delivered which contributed to the auditing of the service in an effective manner. For example, as well as recording fluid intake and personal care tasks, the system provided information on activities, their outcomes and how each service user was on an ongoing basis. Two members of staff said they thought it was remarkable and beneficial to everyone. They told us they felt with a traditional system small achievements such as a response to a specific activity or interaction may be forgotten by the time staff completed a report. With the hand held system they were able to quickly and accurately record the smallest accomplishment or reaction to a situation. They also thought it was a good monitoring tool and felt it was used in a supportive way by the management team.

There were procedures in place to monitor the quality of the service. As the care planning and recording system provided live monitoring of the care given to individuals it alerted senior staff if care tasks or activities had been missed or carried out late. More traditional audits were also completed by the registered provider and management

Is the service well-led?

team. These included monitoring the home's environmental maintenance, records such as care plans and finances, infection control, and medication procedures. Any issues found on audits were quickly acted upon and lessons learnt helped improve the service.

The management team found innovative and creative ways to enable people to be empowered and voice their opinions. People who lived at Links Lodge were unable to read any text documents. The management team provided an 'easy read' newsletter for people and their relatives with information on current plans, staffing, activities and other relevant news. The newsletter included photographs to aid discussion and was also provided as a DVD. The service user guide to the home was on DVD as was other information about care. This was in addition to written information.

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

The newly developed web site allowed people to access, with support as needed, information about the weekly menu at a time and place that suited them. They could see which staff members were on duty at any given time. Choices from a selection of DVD resources could also be made and played directly from the web site on their own tablet whenever they wished. One of the management team told us that they were working on putting together individual playlists on the website for each person and adding these to the home's specialised resources.

The staff team had frequent informal chats with people about their views of the home. Where they were unable to give their views, relatives and advocates were involved. Meetings were also regularly held to involve and consult people about plans and ideas for the home. People and their relatives were encouraged to complete surveys about the care provided. These were in easy read and DVD formats so more people could access them.

The management team worked alongside staff, supporting and guiding them. Staff understood their role, and what the management team expectations of them were. They were enthusiastic, motivated and had confidence in the management team. Staff told us they found the registered provider and the management team supportive and approachable. They said they were open to ideas as to how the service could be improved to enhance people's lives. One member of staff said, "The support and training is excellent. Everything is done the right way here and we get the best support and equipment." Another member of staff told us, "We get fantastic support, personally as well as work related."

As well as written reports, verbal handovers were done at the end of each shift. This enabled staff to be aware of any changes. Staff meetings were held frequently so staff were kept up to date with information and important changes. At the meetings staff looked at how new systems or ways of working such as the electronic care monitoring system, were functioning day to day. They also discussed ideas and suggestions about care practice. An example of this was the decision that two staff provided almost all the end of life care for a person in their final weeks. This reduction in the staff involved in care, assisted in providing consistent support for the person. As the person was not able to be involved in choosing which staff would support them, the person's family were involved in the choice. Meetings were used to think of activities people could be interested in. The wheelchair ice skating and whether to try adventurous holidays were discussed at staff meetings. Possible risks were highlighted and whether there were satisfactory ways to reduce these. Staff had the opportunity reflect on care practice and how this could be improved.

The office was situated in a cabin in the homes garden. This way, formal meetings and office work did not interfere with people's experience of 'their' home.