

Linkage Community Trust

Keal View

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Keal View is registered to provide accommodation and support for up to 11 people who have a learning disability. People are invited to have short breaks in the service so that they can have a holiday, giving their main carers time to themselves.

At the time of this inspection there were three people staying for short breaks at the service.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.

People's experience of using this service:

- People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse.
- People were supported with positive risk taking in ways which enabled people to stay safe, maintain their independence and enjoy their short breaks at the service.
- People and their circle of support were involved in planning and reviewing the care they received.
- People received responsive care and support from a team of trained staff who demonstrated the principles of person centred care within their work.
- Staff were caring. People were treated with respect and kindness and their rights were upheld. Staff understood people's preferences and choices and respected the decisions they made.
- The registered manager and staff were supported to maintain and develop their skills and knowledge using the framework of training and development the registered provider had in place.
- People and staff, expressed confidence in the registered manager and staff demonstrated a team approach to the development of the services provided.
- Systems and processes were in place to monitor the quality of the service provision and to make any necessary improvements when shortfalls were identified.
- The registered providers open and inclusive culture enabled people and staff, to share ideas and work in partnership with each other as part of the continuation of service development.

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

Rating at last inspection:

Good (report published August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Keal View

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who used the service were often out engaging in leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered provider had 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. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We also reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies, this included commissioners who had a contract in place with the registered provider.

During our inspection visit we undertook a tour of the premises together with one person who was staying at the service and the registered manager. We spoke with three people and observed how staff interacted with and communicated with people. We also spoke with two staff members, the registered manager, deputy manager, and the registered providers operations manager.

In addition we looked at specific parts of the care records of three people and records in relation to the management of the service. These included quality assurance checks, staff training, safeguarding, complaints and accident and incident information.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- Staff had received the necessary training to enable them to recognise and take action to protect people from abuse. Staff had access to guidance and management support to help them to raise any concerns to the appropriate agencies, including the local authority safeguarding team.
- Environmental safety checks were also completed regularly to monitor the systems in place regarding the utilities, including water and fire safety at the service. One person described how they correctly followed the fire safety drill whenever the alarms were tested.

Assessing risk, safety monitoring and management:

- Care records described any potential risks to people's safety, for example, when they accessed the community or when they were being supported in the service. Risks identified and minimised included people being aware of road safety, or when they and staff needed to use equipment such as wheelchairs and hoists to help people mobilise safely.

Staffing and recruitment:

- The registered provider had systems and processes in place which ensured recruitment checks were completed before any new staff member starting to work at the service. This included confirmation that application forms had been completed references had been obtained, and Disclosure and Barring Service (DBS) checks had been carried out.
- Staffing levels were maintained through the rota systems the registered manager had in place and staff were deployed effectively to meet the individual and collective needs of people. Arrangements for manager cover were in place which were supported by the registered provider and ensured leadership was always available to support staff when the registered manager was not on duty.

Using medicines safely:

- Staff had received training to ensure they were competent in medicines administration and only staff who had completed the training undertook this task.
- One person told us they brought their own medicines with them when they came for a short break. The registered manager confirmed this was the same for anyone who stayed with them. The registered manager described the systems they used when they checked medicines into the service with the person so they were sure they were all there. As part of the process staff also checked if there had been any changes since the person had last stayed at the service.

- Information recorded on the Medicine Administration Records (MAR's) was followed closely to make sure people took their medicines on time and in the way prescribed. This process ensured people continued to be supported to take their medicines safely and supported the registered provider's procedures for administering medicines, which were aligned with national guidance and good practice.
- Regular audits were carried out to check that medicines were being managed in the right way and action taken to address any issues the checks had highlighted.

Preventing and controlling infection:

- The service was clean and odour free and the registered manager had effective systems for infection prevention and control in place. We observed staff correctly followed safe infection control practices and used Personal Protective Equipment (PPE). This included care staff putting on gloves and aprons before they carried out specific personal care tasks together with people. People told us they knew about the importance of keeping their private space clean and one person said, "I do my own washing and I like to keep things tidy. The staff are good at it as well." Staff had received training in managing the risks related to cross infection and the registered manager and one of the staff team attended meetings with the local authority and other registered providers to discuss infection control practices and keep themselves and staff up to date with any new guidance that was available.

Learning lessons when things go wrong:

- The registered manager used their own and the registered providers quality assurance processes to identify areas which could be improved. They described an example of this and showed us how they had taken action following feedback from people's circle of support and staff to change the inventory process for checking in the clothing people bought with them when they stayed at the service. This had been fully discussed through staff team meetings and the process changed so they were more detailed to include an itemised list thus eliminating the risk of clothing getting mixed up.

Is the service effective?

Our findings

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

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

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

Staff support: induction, training, skills and experience:

- Peoples needs had been assessed in advance of them going to stay at Keal View. The registered manager showed us how the information gathered from people themselves and their circle of support had helped create individual care plan records for each person.
- Staff had access to a structured induction when they started to work for the service. This included completion of the Care Certificate which sets out common induction standards for social care staff.
- One new staff member described how they had the opportunity to work with and shadow staff whilst getting to know people whilst completing their induction training. They told us, "I feel really well supported and enjoy coming to work. The induction is helpful and the training is part of the process I am also enjoying."
- Staff told us training was provided regarding equality and diversity issues and they used their learning to take account of people's social and cultural needs. This was to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- A range of on-going training was provided for all staff which included topics such as; fire safety, food hygiene, nutrition and infection control. Training also included subjects related to people's specific needs such as communication, sensory loss, autism and epilepsy.

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

- People had access to the food and drinks of their choice at any time they wanted them. One person told us how people took part in 'menu meetings' to plan the meals and drinks they wanted during their stay at Keal View. The person said, "We decide what we want together and do a shop. I like to sometimes do my own things and when I need help, the staff make sure I don't burn myself. I get all my own drinks."

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager continued to work with a range of professionals employed by the registered provider and with external health professionals to ensure people's needs could be met when they came to stay at Keal View.

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

- The registered manager kept the environment maintained through the checks they and the staff team undertook and through the support of the registered providers maintenance staff who responded to any work required.
- People had their own room space and one person described how they made this their own when they stayed at the service. They told us, "I set my things out how I want them and I always choose this room because it suits me. It's got a good view and I feel relaxed in it." Some rooms had been specially adapted to accommodate and support people with a range of differing physical needs. Equipment available included profiling beds, mobile and track hoists and easy to access communal shower facilities.
- The service was set out over two floors. The second floor was accessible by stairs which we saw people who were staying at the service were able to use. However, there were no other facilities in place to enable people who could not use the stairs to access the upper floor, for example a stair or shaft lift. The registered manager told us assessments were carefully conducted in advance to determine the most appropriate rooms for people to use when they stayed at the service to enable them to access the services they needed. They told us they were considering developing the service in ways which prompted greater access between floors so people could visit each other if they chose to. They told us they would discuss this further with the registered provider as part of the on-going environmental development plans for the services provided.

Supporting people to live healthier lives, access healthcare services and support:

- One person told us that staying at the service gave them a holiday they looked forward to and that it helped their health and well-being. The person told us, "I really look forward to coming and seeing the staff and the manager. It's a great place to stay.
- People who stayed at the service either maintained their registration with the local doctor or were supported to temporarily register with local health services so they could access these if needed.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The registered manager and staff had received training about the MCA and understood how to apply this legal guidance when they supported people with their decision making. People's care records continued to set out what support if any, people needed to make decisions about key areas of their lives.
- Whilst the registered manager and staff were applying the principles of the MCA, we noted one person needed additional support to agree to the method being used to take their medication safely. Whilst there was information to confirm the safe arrangements in place had been agreed with their circle of support and the persons doctor, the best interest process needed to be fully completed to ensure the decisions being made had been agreed with all involved professionals. The registered manager commenced immediate action to do this. After we completed our visit the registered manager confirmed their actions had been completed and the records fully updated.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of this inspection none of the people staying at the service were subject to a DoLS authorisation.

Is the service caring?

Our findings

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

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

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

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

- During our visit we observed positive approaches being undertaken by staff when they supported people. Communication was open with interactions based on staff having a good understanding of people as individuals, what they liked, the things that interested them and the time each person needed.
- People's consent was sought before care was delivered and people's decisions about when and where to receive care were fully respected. We observed people were given choices about the day to day things they did. One person told us how they liked to go out for walks on their own saying, "I go out but I know I am safe staying local. If I want someone to come with me they do. I make this decision." One person indicated they wanted a piece of fruit and the staff member supporting the person offered them a choice so they could decide which piece of fruit what they wanted.
- The registered manager showed us they and people could access information about lay advocacy services and how to contact them for any support if they needed any additional help to communicate their views or wishes. Lay advocacy services are independent of the home and the local authority and can support people in their decision making.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy was always respected. We observed that any direct personal care was delivered discreetly and in private to ensure people's dignity was fully respected.
- All of the rooms were single and people were encouraged to have their rooms set out in the way they wanted while they were there. One person described how they had black out blinds in their room and that this helped them to have a proper night's sleep. The registered manager told us all of the rooms had this facility.
- The person also told us, "I have my own key to my room." They showed us the key and said, "I like to be private and the staff know this. They look after me in this way and make sure when I want to be left alone they do."
- We saw another person had chosen to go to their room for a short period. During this time, the staff team respected their space and did not disturb them.
- People knew that their care records were kept securely and that only they or staff had access to them. The registered manager showed us the office computer was password protected so that only those who had permission to access information on it could do so. Staff told us that any personal information about people would only ever be shared, for example with external health or social care professionals, on a need to know

basis.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care records had been created together with people and agreed with people and their circle of support. These were kept updated to reflect any changes in need or choices people made. During our visit one person invited us to join them for part of their review. The person described how they wanted to continue to make their own day to day decisions about how their care was delivered. Their views were recorded and the person signed the review record to confirm they agreed with it. They told us, "I like to make decisions for myself. I like to make bigger decisions with my mum and dad and that's really important. They all know this and it works well." At the end of the review meeting the person asked if they could have a summary of their care plan record to take home with them at the end of their stay. We saw how the registered manager worked with the person to enable them to have their wishes met.
- The registered provider and manager were aware of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. A policy detailing how they would meet its requirements was in place. In addition to care plan records, we saw information around the service was presented in words and pictures to help people understand them easily. The registered manager had also identified a need for some people to be enabled to access to Speech and Language Therapists (SALT) to ensure they were fully supported in communicating their wishes.
- People were supported to be involved in a range of one to one and group activities. One person enjoyed reading with a staff member and we observed how they benefitted from the individual time staff took to do this. During our visit people chose to go for a walk to look at some animals that the registered provider kept in the grounds where the service was located. We walked out together with them and staff. We observed how people enjoyed being in each other's and staff company. Interactions were positive and we could see staff understood each person's communication methods using both verbal and non-verbal communications to interact with each other.
- Staff were flexible in giving the support they provided. A staff member told us, "We are led by the people who stay with us. We plan activities and have a schedule of events but we also keep this flexible so we can do something different if people change their minds."
- People told us they were excited about going out to the beach the day following our inspection. One person said, "It's a beach clean walk" It's good fun and we like going to the seaside. The person also told us how people had access to the services own mini bus and that this had been adapted to enable all of the people who stayed at Keal View to be able to use it.

Improving care quality in response to complaints or concerns:

- People told us they felt confident in raising any issues or concerns they had direct with the registered manager or staff. One person said, "They listen and sort any issues out. I feel like I can have my say."

- Systems were in place to enable the registered provider and manager to respond to any concerns or more formal complaints they received.
- The registered manager told us they had received four complaints during the last year and we saw these had been recorded and managed in line with the registered provider's policies and procedures.

End of life care and support:

- Although the service offered planned short breaks for people, which meant they did not anticipate they would be providing any end of life care and support for people, the registered manager recognised the importance of taking account of any unplanned life events. They told us that as part of their ongoing development of the assessment process they intended to include a question to give people and their circle of support the opportunity to either share or decline to give any information about their end of life wishes or if they wanted to include any advance decisions into their care plan.
- The registered manager worked closely with internal and external health professionals and other registered managers who the registered provider employed and were confident that if any additional support was needed in regard to supporting people with end of life needs they could access the support needed at any time.

Is the service well-led?

Our findings

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

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

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

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

- The registered provider continued to employ an established registered manager at the service. The registered manager worked together with a deputy manager to manage the service. We knew the registered manager was responsible for the management of another service owned by the registered provider. The registered manager showed us how they had continued to work closely with senior staff from both services and that they arranged their time to ensure they were able to fulfil their management role equally within each service.
- The registered manager was well respected and we received positive feedback from people and staff regarding the way the service was being led. One person said, "The manager is very good and I like her. She and the staff help me when I stay over and I enjoy my holidays here." The registered manager and provider had maintained a culture and approach to care which was based on the importance of meeting people's needs and the continuous development of the services being provided.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered provider had a clear vision and a set of values in place which were on display in the service and which reflected the principles of high quality person-centred care.
- Staff were aware of the registered provider's whistle-blowing processes. Although they felt well supported by the registered provider staff told us they felt confident in escalating any issues they may have with the local authority and CQC if they felt they were not being listened to. Staff told us they had access to information to help them do this if needed.
- The registered manager confirmed people could access the latest CQC inspection report, summary and rating at any time and that it was available for people in the service. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

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

- People told us they could plan their stay at Keal View well in advance and that the planning helped ensure they and their circle of support were able to ask any questions and share any specific needs or preferences so these could be considered as part of this process. People described how they had shared their views about the activities they wanted to undertake, the meals they wanted to eat and the length of time they had chosen to stay at the service. Staff had a good knowledge of each person and their physical, social and communication needs to ensure people could be equally involved and take an active part in their stay.

Continuous learning and improving care:

- Team meetings were held regularly to ensure that continuous learning and improvements needed were made. Staff confirmed these meetings provided an open forum for staff to discuss ideas or concerns, and that the registered manager was always receptive to feedback from them.
- For example, the registered manager and staff told us how the registered provider had used staff feedback to review the way training had been provided with the outcome that staff now had access to more face to face training opportunities. Staff told us this was positive and it had helped aid their learning.
- The registered manager had continued to use information from audits and checks on areas including quality, complaints, care plan reviews and accidents and incidents, to inform changes and improvements to the quality of care people received.
- The registered manager told us that in addition to them involving people in all the plans for their stay at the service and receiving any feedback offered at the end of each period they were exploring ways of further strengthening the process of obtaining feedback from people and their circle of support. This had also had been identified as an action point in their most recent quality assurance audit. As a result, they showed us they had produced a feedback form for people complete either on their own or with staff. They also told us they were exploring other more creative ways of receiving feedback for example using electronic communications and telephone contact so that they could be flexible in giving people and their circle of support the time to give feedback when it suited them.

Working in partnership with others:

- The service worked closely with outside agencies as part of their joined-up approach to providing care.
- In addition to the use of the registered providers internal professional health support systems, the registered manager and staff had developed consistent links with a range of external health and social care professionals who visited the service to provide any additional support people needed.
- We contacted the local authority for feedback who confirmed they worked in partnership with the service to keep driving improvements when required.