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Care Link Residential Care Home

Inspection report

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Date of inspection visit:
03 January 2018

Date of publication:
25 January 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Care Link Residential Care Home on 3 January 2018. Care Link Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Care Link Residential Care Home is a care home for up to three adults with learning disabilities. At the time of our inspection, two people lived there and received support with personal care.

At the last inspection on 28 October 2015 the home was rated 'Good'. At this inspection we found the home remained 'Good'.

The home had a registered manager. The registered manager was not available at the time of the inspection. The deputy manager supported us with the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

Deprivation of Liberty Safeguarding (DoLS) applications had not been made with the local authority to deprive people of their liberties lawfully. DoLS authorisations are made to protect people's liberty where the home was required to restrict people's movement both in and outside the home.

Risks had been identified and assessed, which provided information to staff on how to mitigate risks to keep people safe. Medicines were being managed safely. There were sufficient staffing levels to support people. Premises safety checks had been carried out to ensure the premises was safe. Staff had been trained in safeguarding vulnerable adults and knew how to keep people safe. There was safe recruitment processes in place to ensure staff were suitable to support people.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. People had choices during meal times and were supported with meals when required. Assessments had been carried out on people's ability to make certain decisions. People had access to healthcare services. People's needs and choices were being assessed regularly through review meetings to achieve effective outcomes.

People and relatives told us that staff were friendly and caring. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred and staff knew how to provide person centred care to people. People and relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

Staff felt well supported by the management team. People and relatives were complimentary about the management of the home. Quality assurance and monitoring systems were in place to make continuous improvements.

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 home remained Good.

Is the service effective?

Requires Improvement

The home was not always effective.

DoLS applications had not been made for people, whose liberty was being restricted for their own safety.

Staff had completed essential training required to perform their roles effectively and received regular supervision and support.

People's needs and choices were being assessed to achieve effective outcomes.

People had choices during meal times and were supported to maintain a balanced diet.

People had access to healthcare services.

Is the service caring?

Good

The home remained Good.

Is the service responsive?

Good

The home remained Good.

Is the service well-led?

Good

The home remained Good.

Care Link Residential Care Home

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on Wednesday 3 January 2018 and was announced. We announced the inspection as people attended a day centre throughout the week; therefore no one would be available at the home. We wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider such as the provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with the deputy manager, a care staff and one person.

We reviewed documents and records that related to people's care and the management of the home. We reviewed two people's care plans, which included risk assessments, and three staff files, which included supervision records. We looked at other documents held at the home such as medicine, training and quality assurance records.

After the inspection, we spoke to one relative by telephone.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "Yeah" when we asked if they were safe at the home. Records showed the person commented, "I like living here." A relative told us, "Yes, [person] is safe. They really do everything for [person]." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and said they would report abuse to the registered manager or the Care Quality Commission (CQC) and local authority.

Risk assessments were carried out and were specific to people's individual needs, for example there were risk assessments for going outside, moving and handling, finance and behaviour that may challenge. The risk assessments provided information to staff about how to lessen risks and keep people safe. They were regularly reviewed and updated when required. The deputy manager, people and records confirmed that there had not been any incidents since the last inspection. In addition, the deputy manager told us that if incidents were to occur, then where possible this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was lessened.

We saw evidence that demonstrated appropriate gas, electrical, fire tests and portable appliance checks were carried out. The checks did not highlight any concerns. Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control. We observed the home was clean and a daily cleaning schedule was in place. A relative told us, "It [home] is always nice and tidy."

There was enough staff available to meet people's needs. A relative told us, "They have enough staff there." Staff told us that they were not rushed in their duties and had time to provide person centred care and talk to people. Our observations confirmed this. The staff rota confirmed planned staffing levels were maintained.

Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked three staff records and these showed that relevant pre-employment checks such as DBS (Disclosure and Barring Service) criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

People received medicines as prescribed. Medicine records were completed accurately and were stored securely. Records showed that staff administered PRN [medicines when needed such as paracetamol] when required. Staff received appropriate training in medicine management and had been competency assessed with medicines to ensure they managed medicines safely.

Requires Improvement

Is the service effective?

Our findings

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 home was working within the principles of the MCA.

We saw that the front door was kept locked and people did not go out by themselves without being supervised by staff. The deputy manager and records confirmed this. Assessment had been carried out to determine if people had capacity to go outside without staff supervision and an best interest decision was made on behalf of people to restrict their liberty to ensure their safety. However, a DoLS applications had not been made and authorised to ensure people's liberty was being restricted lawfully. After the inspection, the deputy manager told us that she had contacted the local DoLS team and was in the process of submitting a DoLS application.

Assessments had been carried out on people's ability to make decisions in certain areas. Where people did not have capacity to make decisions, a best interest decision had been made on their behalf with professionals and family members. Staff told us that they always requested consent before doing anything. During the inspection we observed that staff requested people's consent, for example, to find out if we could enter a person's room, the person refused and this was respected.

Staff had received training to perform their roles effectively. A relative told us, "They do look after [person] really well." Record showed a comment from a relative included, "The support that [person] receives and the close care provided by [registered manager] and care staff and the rest of the team are key, if not crucial, to [person's] continued wellbeing and we are thankful for this degree of attentiveness." A staff member told us, "Last year I did NVQ level 3. Training is helpful." Staff participated in training and refresher courses that reflected the needs of the people living at the home. Staff confirmed they received regular supervision and appraisals. Records showed that supervision had been carried out approximately every two months. Supervision included discussing staff performance, support and developments.

People told us that they enjoyed the food at the home. One person told us, "Yeah" when asked if they enjoyed the food and were given choices with meals. There was a menu that showed meals that would be served during the day and this was created based on people's preferences. The menu offered choices with meals. Staff told us people were offered alternatives, if they did not prefer the meals on the menu. Special diets were catered for people who had diabetes. We observed that the kitchen was clean and tidy. The kitchen had been awarded an environmental hygiene rating of five stars.

The staff team worked together to deliver effective care and support. There was a daily log sheet which recorded information about people's daily routines, behaviours and daily activities. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that people received continuity of care.

People had access to healthcare services. A relative told us, "Yes, [person] has regular check-ups and they let me know if something happens." Records showed that people had access to a GP, hospitals, chiropodist and other health professionals and were supported to attend routine health appointments and check-ups as part of the care and support provided.

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the home were able to support people before admitting them to the home. Using this information, care plans were developed. The home assessed people's needs and choices through regular key worker meetings with people. Records showed that at the time of our inspection, there were no changes to people's needs. The deputy manager told us if there were any changes, the care plans would be updated and these changes would be communicated to staff. This meant that people's needs and choices were being assessed to achieve effective outcomes.

People had their own rooms and access to the communal lounge, where they could participate in activities with other people or spend time with staff and people. We observed that people's rooms were decorated with their personal belongings. The deputy manager told us people always decorated their room as it was their home. Cleaning substances had been securely stored.

Good

Is the service caring?

Our findings

Staff told us they built positive relationship with people by talking about their interests and spending time with them. A staff member told us, "I have known them for so long, they are like my family." People and relatives told us staff were caring. A relative told us, "They [staff] are very nice and very caring." We saw people had a good relationship with staff.

Staff ensured people's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private. A staff member told us, "When they go into the toilet, I will open the door for them and then shut the door to make sure their dignity is respected." A relative told us, "Yes, they do respect [person's] dignity and privacy."

Records showed that, where possible, people and their relatives were involved in making decisions about the care and support people received. People and relatives told us that people were encouraged to be independent. Records confirmed that people were to be prompted to complete certain tasks with the support of staff.

People were protected from discrimination within the home. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs and talked to them respectfully and in a polite way.

People's ability to communicate was recorded in their care plans. A relative told us, "From what I have seen, they [staff] do communicate very well with [person]." Care plans provided examples of how people communicated such as one care plan included that staff should speak slowly to a person whilst maintaining eye contact. We observed that staff communicated well with people and were able to engage in conversations with them.

Good

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. A relative told us, "They installed a new bed as [person] was getting immobile." Records showed a comment from a relative included, '[Person] has somewhat complex medical needs and these are dealt with efficiently and safely with appropriate back-up from medical professionals.' Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Each person had an individual care plan which contained information about the support they needed. Care plans included people's interests, background and how to support people in a person centred way. There was an 'About Me' plan that included people's routines, important people in their lives, likes and dislikes. Care plans were current and reviews took place regularly with people. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff told us, and records confirmed that people participated in regular activities. People went to the day centre during the week. The deputy manager told us that people also went on holiday once a year and records showed people went on a holiday last year. People also had access to the local community and had visited the library, parks and local shops.

People had access to information that was accessible. Records showed that information was accessible through easy read format and through pictures on areas such as medicines, correspondence arriving through post, consent and how to make complaints. This meant that people had information made available to them that they can access and understand.

The deputy manager told us that no formal complaints had been received by the home since the last inspection. The complaints procedure was displayed throughout the home. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the home but knew how to raise complaints.

Good

Is the service well-led?

Our findings

Staff told us that they were supported in their role, the home was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. One staff member told us, "The managers are good managers." People and relatives told us the home was well managed. A relative told us, "They [registered and deputy manager] have [person's] best interests at heart."

Quality monitoring systems were in place. The home had requested feedback from people and relatives to identify ways to improve the home. The results of the feedback were positive. Results had been analysed and were displayed near the entrance of the home. Comment from a relative on the survey included, "[Person] has been a resident of Cecil Road [address of care home] for many years and throughout this long period of time the staff have provided a caring and safe environment for them to live in."

There were systems in place for quality assurance. The registered manager and the deputy manager carried out the audits on staff supervisions, premises safety checks, staff training, medicines and care plans. However, the audits had not identified the shortfalls we found with DoLS authorisations. We discussed this with the deputy manager, who informed us an application would be made immediately and audits would include on-going monitoring that DoLs is kept up to date and that any conditions are monitored could form part of monitoring in future. This showed that the home was committed to developing and improving the performance of the home.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. A staff member told us, "At these meetings, we can talk about people and how to best help them as a team." This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care.