

Caringlinks Limited

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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

Caringlinks Limited is a domiciliary care service providing personal care for adults within the community and within a local prison. The service currently supports 43 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe when receiving care and the staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks had been identified and staff understood how to support people to reduce identified risk without restricting their rights. Recruitment checks were made to confirm staff were of good character to work with people and sufficient staff were available to meet people's support needs.

People had a care plan which reflected their specific needs and preferences. People could make decisions about their care and staff knew how to respond if people no longer had capacity to make some specific decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training to develop their knowledge to enable them to support people and people felt the staff had the right skills to provide the care they wanted. People generally received their care at a time they wanted it and they knew who would be providing their support. People were happy with how the staff provided care and their privacy and dignity were respected.

People's health needs were managed, and the staff worked with health care professionals to ensure they understood how to provide their care. Where people required assistance to eat and drink, the staff prepared their food as requested and received further training to understand how to support people who needed a specialist diet.

Care was planned and reviewed with people and they felt comfortable raising any issues or concerns; there were arrangements in place to deal with people's complaints. Quality monitoring systems were in place to review the service provided and to recognise where improvements could be made.

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

Rating at last inspection

The last rating for this service was Good (published 16 May 2017)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Caringlinks Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and within a local prison. It provides a service to older adults and was providing care to 43 people at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service one weeks' notice of the inspection visit because some of the people using it could not consent to a home visit or telephone call from us. This meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity started on 14 November 2019 and ended on 20 November 2019. We visited the office location to see the registered manager and office staff on 20 November 2019 to review care records.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require

providers to send us at least once annually which gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eleven people who used the service and eight relatives. We spoke with the registered manager, deputy manager, and four staff. We also spoke and received feedback from two social care professionals.

We reviewed a range of records. This included four people's support records and two staff files. We also viewed records relating to the safety and management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt the staff understood how to keep them safe. The care plans included information about identified risks, how people wanted to be supported and how the risks could be reduced. For example, the support people needed when moving and detailed information about equipment to be used. One relative told us, "[Name] is very frail and they keep them safe by having two staff assist them into the shower using the shower chair." We saw and people told us that they were concerned that some staff had long nails which could harm them. We fed this back to the registered manager to review this practice.
- Risk assessments had been completed for potential hazards and risks in people's homes. This included access to people's homes and visual checks for electrical equipment that was being used.
- People had emergency evacuation plans and the care plan included a quick reference guide which detailed the care people needed and medicines. Staff explained this could be given to medical staff in an emergency to ensure they had necessary information to keep people safe and well.

Using medicines safely

- People felt they received the support they needed from staff to take their medicines. Care plans included a record of the medicines they needed and who was responsible for administering these. Risk assessments recorded how staff should support people to take their medicines, such as prompting or supervising people. Staff understood when people may need 'as required medicines'.
- Medicine administration records were completed to show when medicines were administered. One relative told us, "They give [Name] their medicines and it is recorded."
- Staff received training to administer medicines and their competence was checked to ensure they continued to do this safely. One relative told us, "The staff communicate well with us and make the office aware of any changes in their prescriptions."

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff supported them in their home. Staff had received training to understand how to identify the signs of abuse and could explain the process for reporting any concerns. The staff were confident that if any concerns were reported to the registered manager, these would be acted upon.
- Where safeguarding concerns had been identified, referrals had been made to the local authority and to us to ensure these were suitably investigated.
- There was an on call system in operation to ensure people could contact someone in an emergency.

Staffing and recruitment

- People generally received support from a consistent team of staff and felt there were sufficient staff employed to support them. We saw the staff generally arrived on time for their calls and completed all

required tasks.

- Safe recruitment procedures were in place to ensure new staff were suitable to work with people. Police checks and references were sought to ensure staff were of good character.

Preventing and controlling infection

- Staff understood how to reduce the risk of the spread of infection and protective equipment was available for staff to use in people's homes.
- People were satisfied that staff understood how to maintain suitable infection control standards. One person told us, "Gloves and aprons are always used."

Learning lessons when things go wrong

- Where incidents occurred, these were recorded and where necessary investigations were completed to act on any accidents or incidents that could influence people's health and wellbeing.
- Staff explained that following incidents, care practices and risk assessments had been reviewed. For example, one member of staff explained that this had included use of hot water bottles and identifying risk.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- New staff completed an induction and shadowed experienced members of staff when they started working in the service. They received training and support to develop the skills they needed to support people safely.
- People felt the staff were trained to support them and one person told us, "I feel safe as the staff are well trained in using the rotunda and I feel confident with their handling skills." A relative told us, "[Name] has lots of equipment to assist them and the staff are well trained in using this as I have observed them." Another relative told us, "They always tell [Name] when they are going to move them with a slide sheet to reposition, so they are aware."
- People benefitted from being cared for by staff who were supervised, to ensure they were supporting them effectively. During supervision the staff were encouraged to reflect on their practices and how they supported people. Unannounced spot checks were also completed to check whether staff continued to work with people safely.

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

- Where it had been agreed as part of the care package, people felt they received the support they needed from staff with their meals and these were prepared as requested. People's care plans contained information regarding how they needed to be supported.
- Some people had liquid food which was given through a tube into the person's stomach. Staff had received bespoke training, so they knew how to give this food and signs to look for if a person was unwell or the site was infected. Staff had also received training to administer medicines through the tube and staff were confident they had the necessary skills.
- People told us staff ensured they had access to drinks and snacks when they left and always checked they were happy and could reach these. One relative told us, "I provide all the food and drink, although the staff always ask if they need anything." Another relative told us, "They monitor food and fluids and have a chart to record what they have."

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

- People felt the staff supported them in a way that reflected their needs and personal choices. People felt they were protected from discrimination and staff understood how to deliver individualised care.
- People's needs had been assessed to ensure that staff provided suitable care in line with current best practice guidelines. We saw when people started to receive a service, a care plan was developed which was reviewed on each visit to ensure this reflected their needs. One member of staff told us, "We have information about people when they are referred to us, but we often find people want their care in a different way, so we keep asking them what they want so we can get it right."

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Consent was gained before care was delivered. One person told us, "They always ask for consent before carrying out a task"
- Care plans were developed with people when they started receiving a service and their involvement was recorded. Where staff identified there may be a change to people's capacity, they understood that capacity assessments needed to be completed and decisions made in their best interests. We saw documentation was available to carry out assessments where these were needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people well and recognised where people may need support from a GP or health or social care professional. Where urgent medical attention was needed, staff stayed with the person and the other care calls were covered to ensure they could keep them safe. One relative told us, "[Name] was very poorly one morning when they arrived, and they rang the ambulance and stayed longer than they should have until they went to hospital."
- Care plans were reviewed in line with recommendations for health care treatment. One member of staff told us, "If we know a district nurse will be visiting, where possible, we would visit at the same time, so we can talk with them and make sure we know what needs to be done."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People were generally happy with how they were supported and felt the staff were caring. One person told us, "The staff are very sociable, I never feel rushed, they take their time, and nothing is too much trouble. One relative told us, "[Name] has wonderful care and I cannot speak highly enough of the staff." Another relative told us, "We have the same carers which [Name] is familiar with, which is good for them."
- Gender specific care and support requests were respected. For example, where people wanted to receive personal care from staff from the same gender, this was documented, and people told us this was respected.
- People's diverse needs were discussed with them when they first started to use this service. This included whether they had any specific cultural or religious needs. Where people had culturally specific needs, the staff felt that they were able to meet their specific diverse needs.

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

- People felt involved with decisions about their care. Staff understood when people needed or wanted help when making decisions about their care and support. People were involved with setting up and agreeing the care plan and then were involved with reviews to ensure that the care was still what they wanted.
- Although no-one was using advocacy services at the time of our inspection, information was available for staff and people to access as needed.

Respecting and promoting people's privacy, dignity and independence

- People felt the staff protected their privacy and dignity. For example, by ensuring that doors were always closed and that curtains were drawn. People also told us that when personal care was being delivered, the staff ensured they remained covered to ensure their dignity was protected. One relative told us, "They are very respectful in the way they interact."
- People generally received their care and support from a small team of staff. The staff told us that this helped to ensure their dignity and privacy was respected.
- People retained their independence and supported to stay within their home. People told us the staff encouraged them to actively participate in their care. One relative said, "The staff are very good at encouraging [Name] to have a shower and keep well groomed."
- A new care call system was being implemented the week of our inspection. This meant staff had a dedicated work phone which could be used to log in and out of support visits. The new system also provided staff with an opportunity to share confidential information to ensure they knew up to date information in line with current legislation and best practice guidelines.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and were confident the staff knew how to provide the care and support they wanted. One relative told us, "We struggled to get a care package that would keep them safe, but Caringlinks did a very in-depth assessment of needs and we put together a very comprehensive care plan."
- People received care that was personalised and responsive to their needs. The care plans had been developed with people and reflected their preferences. We saw the care plans included information such as the time people wanted their calls and the support they wanted with their meals and personal care. The care plans were regularly reviewed with people receiving support and other people who were important to them. One person told us, "The staff come out regularly to keep abreast of [Name's] changing needs."
- The provider arranged services for people to be supported with their interests or to assist people when out, for example, when shopping, going to work and being involved with leisure activities.
- People received a rota of when they would be receiving their support visit which recorded details of staff providing this care. People told us the member of staff who would be providing their care was often changed but before staff left their home they would inform them of the staff member who would be providing their support on the next visit. There were arrangements to cover emergencies and where possible, they only used staff who people knew would provide the support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the need to provide information in an accessible format. Where information needed to be in easy read, large print or different languages, the provider had invested in a system which changed information to a suitable format. People felt they received information in a format that was suitable to use.

Improving care quality in response to complaints or concerns

- People could raise concerns or make a complaint if something was not right and they were confident their concerns would be taken seriously. People told us they would speak to one of the senior staff or the registered manager and those who had raised concerns, told us they were happy with the way they were dealt with.
- Where concerns had been raised, we saw the provider had considered the information and included

information in their personal file responded to them, identifying any outcome or improvement to be made.

End of life care and support

- The service was not supporting anyone with end of life care at the time of this inspection however, staff confirmed they had been provided with training in this area.
- Where people had discussed how they wanted to be supported or whether to receive lifesaving treatment, this had been recorded. The registered manager and staff knew who to involve at this important time of people's lives such as palliative care teams or GPs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.
- The registered manager had developed a service contingency plan and risk assessment for the service. This included how the service could operate in adverse events. Due to local flooding at the time of our inspection, we saw this was used to ensure the most vulnerable people continued to receive a service.
- Quality assurance checks were completed to review how care was provided and how people received their service. Staff kept records of the care provided during each visit which were reviewed when they were brought to the office. A new electronic system was being introduced and office staff reported this would give them better access to records and to review when people received their support visit. Staff were receiving training in this new system to ensure they understood how to record this information.
- The registered manager and deputy manager completed checks to ensure care staff provided care to expected standards. This included checks on staff members' competency in providing care, punctuality, record keeping and medicines administration.

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

- The registered manager had a clear focus to provide people with personalised care and support. People told us the registered manager and deputy manager were available either on the phone or to meet with them in person. One person told us, "After the second day that we used this company, the manager came round to see us to make sure everything was well." The registered manager told us they wanted to provide people with the best possible care.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. The latest CQC inspection report was displayed at the service so that people, visitors and those seeking information about the service could be informed of our judgments.
- The registered manager was aware of the responsibilities to apologise to people when mistakes were made. People told us they found the office staff easy to speak with and they listened to what they had to say.

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

- People felt there was an open culture and were able to share their views with staff and the registered manager. They were asked for their views and opinions about the service during reviews and provided with an opportunity to comment about the quality of the service, through a quality assurance survey. We saw the last survey reported people were generally happy with the support they received. A new survey was being completed and we saw these results were being analysed. The staff informed us people would be informed of the results, and this information would be used to make improvements where needed.
- People and relatives were regularly involved with reviews of their care and requested changes were made.
- The staff felt the registered manager was approachable, and they felt supported. They told us they felt valued and their opinions mattered.

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager attended meetings and workshops with local authorities to help keep their knowledge and skills up to date.
- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. Safeguarding matters and near miss accidents and incidents were used as an opportunity for learning and improving.
- Staff attended meetings with the registered manager, where open and honest discussions were held about the care provided.