Independent Care Link Limited

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Inspection report

Stanton House
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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

The inspection took place between 1 to 3 October 2018 and was announced. At the last inspection we rated the service overall as 'Good.' At this inspection we found the service remained Good.
There was a registered manager in post, who was also the owner and provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service provides care at home to older adults and younger adults living with a range of health conditions and needs; to live independently in their own homes within the Ilkeston, Kirk Hallam and Long Eaton area. At the time of our inspection, 102 people were receiving personal care as part of their care package.

People felt the staff cared for them in a way which maintained their safety and reduced any avoidable risks. These included the risks from infection or any possible harm. There was consistant staff who provided people with the care calls they had requested. All the staff had received the correct employment checks before commencing their role.

Information was provided in a format which supported people's individual communication needs. Caring relationships had been established which enabled staff to understand and promote people's individual needs or independence.

Some people had support with their medicines and this was provided by staff who had received the relevant training. Other training was available to support routine areas of care of more specific areas identified as a need by the staff.

When people required support with their meals this was done with the person taking control of their choices, so that they could benefit from a balanced diet. When support was required with health care needs, this was provided and all the required information was available during and after office hours.

People had been involved in the development of their care and received a review of their care needs. If they required any changes these had been made. Some people had support with their hobbies and interests or going out socially.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had reflected that they were respected and their dignity was maintained when they received care.

The provider completed a range of audits and quality checks to drive improvements. In addition, they carried out an annual care survey so that people could pass comments on the care they received. The provider had displayed their rating at the office and on the website. They had also completed notifications when events had occurred. Staff felt supported by the provider in their roles. Any complaints had been addressed and actions taken to reduce the possibility of any reoccurrence.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 checked 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 was announced and completed by one inspector. The provider was given three days' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available. The inspection site visit activity started on 27 September and ended on 3 October 2018. It included telephone calls to people using the service and relatives, which were carried out by the inspector on the 1 October 2018. We visited the office location on 2 October 2018 to speak with the registered manager and office staff; and to review care records and policies and procedures. In addition, the inspector visited two people within their own home who received services.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke by telephone with 10 people who used the service and two relatives. We also spoke with two members of care staff, three senior care staff, a care coordinator, two office support staff, the deputy manager and the registered manager.

We looked at the care records for six people to see if they were accurate and up to date. In addition, we looked at audits completed by the provider, in relation to reviews and medicine management. We also looked at recruitment folders for three staff. We reviewed some quality audits to ensure the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

People told us they felt safe with the support they received. One person said, "Staff come at night and that makes me feel safe." Another person said, "I feel safe with the care staff." We saw that all the staff had received training in safeguarding. Staff were able to tell us the types of concerns they would raise. All those staff we spoke with felt confident that the provider would take immediate action with any concerns. One staff member said, "We only have to mention something and they are all over it, sorting out the issue." This meant people were protected from the risk of abuse.

Some people had a key safe. This enable staff to be able to access the property without the person having to get to the door. One person said, "All the care staff and district nurse know where the key safe is, it's a godsend." We saw that the numbers for the key safe were stored securely and when placed on electronic devices they were password protected.

Risk assessments were in place which covered the environment and individual's needs. For example, one risk assessment noted, 'Drive way is part cobbled, it can be slippy when wet.' We saw other elements reflected risks within the home. 'Staff to mop the floor after showering and take the bin out.' The person in connection with this risk assessment told us, "It's the little things which make a big difference." People told us they were supported to remain safe. One person said, "Staff help me when I am in the shower which makes me feel safe." Some people's risk related to equipment that they required to support them to transfer. When equipment was use guidance and details were provided, these included the type of equipment and any guidance provided by occupational therapists.

People received a consistent team of care staff. One person told us, "They judged our needs well and all the staff we have are very confident." We saw that people received a schedule on a fortnightly basis. This enabled them to see who would be calling and the agreed time. One relative told us, "We always receive it by post and I asked for it to be sent by email and now they always do." Staff in the office reviewed people's package of care to ensure that they were having a consistent team of care staff. Staff we spoke with felt there was enough staff. One staff member said, "We make sure all the calls are covered, but you could always have extra." There was an arrangement with the office staff who were also trained in care, to support the care requirements if needed.

We saw there was an ongoing recruitment of staff. The deputy manager told us they had tried various methods of recruitment and the best one was 'refer a friend'. We spoke with some new staff who had come to the office to commence their training. They told us they were waiting for their disclosure and barring service (DBS) check to be completed. The DBS is a national agency that keeps records of criminal convictions. We reviewed three folders of established staff. These showed us that safety recruitment processes were in place, which helped to ensure staff working for the service were suitable to support people.

The provider offered support with medicines to people who were unable to manage this aspect safely. We

saw that when this support was offered a risk assessment was completed. This provided the guidance in relation to how the support was offered and where the medicine was stored. One relative told us, "The office act on things straight away. When we had to add antibiotics to the daily requirement, this was put on to the list and all the staff informed." Other people had support with eye drops and told us this was done as prescribed and on time. Staff had received training in medicines management and their competency was reviewed by the senior staff to ensure they remained safe to provide this support. All the medicine administration forms (MAR) were collected at the end of the cycle so that they could be checked by the office. This was to reflect any missed medicines or areas of concern and to remind staff of these errors. Any identified areas were followed up in team meetings or though individual supervisions. This demonstrated that medicine was managed safety.

All the people we spoke with confirmed that staff used their personal protective equipment (PPE). One senior said, "There is plenty of PPE at the office, you just signed take what you need. There is hand gel also." Staff had also received training in food hygiene, this was to enable them to be aware of safeguards with food when they prepared meals. This demonstrated that people were protected from the risk of infection.

The provider had reflected on events and developed lessoned learned to improve the systems they used. For example, the provider had introduced a system called 'Drop box'. This stored confidential information electronically so that when the out of hours staff were contacted they could access this information. The office staff told us, "It has really improved the information available. Also, when we update the care plans or information it is automatically updated in the drop box. This means it's always current." One staff member told us they had used the information when a person became unwell and they had to liaise with the ambulance service.

Good

Is the service effective?

Our findings

People's needs and choices had been considered when they received care. One person said, "The care I have works really well. Staff know my routine and that is important to me." Care plans reflected people's personal choices and specific element of their care. For example, specific cream application for sore skin.

Staff had received training to support their role. One relative said "The staff are very well trained, they are always on training." We saw that established staff had refresher training and they were also able to access additional training in specific areas. One staff member told us, "I completed some training on mental health conditions, which covered all aspects including eating disorders, it was really informative." The senior care staffs had completed train the trainer courses in safe moving and handling. This meant they were able to train other care staff and share their knowledge. For example, by and attending at people's homes when transfers were of concern and provide advice and guidance.

New staff were provided with training linked to the care certificate. This demonstrates key skills, knowledge, values and behaviours which should enable staff to provide people with safe care. Before staff commenced their role, they had time with experienced staff working in geographical area. Their competency was also reviewed by the senior staff to offer support and guidance.

Some people had support with their meals. One person told us, "I have a choice of the food available and the staff write it down so that I get a variety." We saw when concerns had been raised in relation to the nutritional needs for one person, a specific plan was arranged. This plan followed guidance provided from health care professionals. A relative for this person had written a letter of thanks, 'Thank you for everything that has been done. [Name] would not be with us without this support and care.' Other people told us how responsive the staff were when they had been unwell. One person told us, "Staff contacted the GP as I felt unwell and I was thankful as I got some treatment." This showed peoples wellbeing was considered to support their ongoing health needs.

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.

We saw that when people lacked capacity they had received an assessment and this linked to a best interest meeting to support their care decision. This included the relevant care professional and family member. Staff had received training in the MCA and understood the importance of people being able to make their own decisions. People we spoke with told us that staff always asked for their consent and respected their choices. This meant people were supported with their decisions.

Good

Is the service caring?

Our findings

People were treated with kindness and given emotional support when needed. One person said, "I have no family and I could easily lose touch with things, so it's great to have someone to talk to." Another person said, "Staff are very familiar, if they have time they sit and have a chat." This was the theme of all the people we spoke with. They all identified that the staff were friendly and had positive caring natures which enhanced the visits.

People were encouraged to be independent. One person told us, "I prepare the meal, then staff dish it up and tidy for me. This way I keep some of my independence." Another person commented that the support had, 'given them a new lease of life.' One person said, "There is a lot I cannot do, which is where the care staff step in." They added, "I don't have to ask now they know my routine and just do it. You don't know how much it means to me." Staff we spoke with all enjoyed their care role within the community. One staff member said, "

We saw how staff had considered different people's needs. For example, the staff told us how one person was distracted by the television and the outside space when they were being transferred which increased their risk of falling. The care staff in agreement with the person arranged that during transfers the television would be switched off and the curtains drawn to reduce the risk. Staff told us, "This has worked and transfers now are quite straight forward." Another staff member told us how they had been supporting one person living with dementia to encourage them to eat. "We talk along with a sandwich and sit and eat with the person or have a drink as many people are not used to eating alone."

People were respected and their dignity considered. One person said, "Staff know to knock on the door and look after me. They treat me well and we have a laugh." Another person said, "It took time for me to accept the help. So glad I have it now." In the most recent survey one relative had commented, 'All care staff treat [name] with such dignity and respect and care so much. We are so glad we picked Independent Care Link.' All the people we spoke with and their relatives felt assured by the respect showed by the staff.

Good

Is the service responsive?

Our findings

People's care plans were personalised and showed how the support would be suited to respond to the person's needs. People told us they had been consulted about their care and had every opportunity to make changes. In the PIR the provider told us they provided a review of people's care on an annual basis. We saw and people confirmed these reviews had taken place. One person told us, "I asked them to reduce my care by a quarter of an hour on both Saturday and Sunday so I could add that half an hour to my shopping call. This had been done and it is better for me as I needed that extra time." People shared several examples of how their care had been amended at their request. For some people this was for a single appointment for others a longer term change. On each occasion the people expressed how much they felt listened to. One person said, "They try to accommodate as much as they can. Sometimes you have to wait, but they always consider my needs and do the best for me."

Opportunities were available for people to have support with social aspects of their life. One person said, "I have been out today, I had a lovely time and feel so much better for it." Some people had time within their home to follow their interests. For example, some people enjoyed playing dominoes or doing a quiz with care staff, or just having support to read the paper.

People received information in a format to meet their needs. For example, some people had larger print so they could read the information more easily. Other people had a pictorial care plan to aid their understanding. Staff were also aware of how different people communicated. One person's care plan said, 'Sometimes their speech is not always clear, to use facial expressions and gestures.' We also saw that when people used hearing aids, guidance was detailed in relation to reducing the background noise to support communication. This demonstrates that the provider was adhering to the Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's cultural and diverse needs had been considered. For example, one person was supported to attend the church of their choice. Call times had been amended so that the person was able to continue with their spiritual needs. This meant that people's care needs were assessed to include their diverse needs under the Equality Act 2010.

The provider had a complaints policy and any formal complaints had been processed in accordance with the policy. People told us they were aware of how to raise any concerns. We reviewed the provider's records of complaints received. These showed action had been taken to investigate and any resulting remedial measures were put in place, to avoid the situation reoccurring. For example, there was a medicine error in relation to the number of tablets a person received. A wallchart was subsequently devised which provided a further visual check for the staff to follow. This showed people's concerns were listened to and used to improve the quality of care.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we

have not reported on this. Those people who were able had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who was also the owner and provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
There was a clear vision about the care the provider wished to deliver. The office support staff and many of the care staff had been in post for many years. They all told us, that everyone understood what was required and there was an emphasis on meeting people's needs.

People had been encouraged to share their views about their care through an annual questionnaire. One relative said, "I receive one every year and I always complete it." We saw that the results had been anylisised and shared with people. The overall scores for all the questionnaires were positive scoring over 90% and 100% for dignity and staff addressing them in a way the person wished. One comment was, 'The company provides an excellent service, I am personally grateful.'

We saw the provider completed a range of audits to monitor the quality and safety of the care being provided. These included monitoring any falls people had in their home so that referrals could be made to health care professional for advice. For example, the falls team. Other audits reviewed the care call monitoring system. This is a telephone system which staff must call into, to logs the time they spend with each person. The calls were regularly reviewed to ensure that people were receiving the correct care in accordance with the agreed time commissioned. When people's needs increased or decreased this information can be used to support the changes.

In the PIR the provider told us they were changing the care plans. This had commenced and was in the progress of being completed for each person. The care coordinator said, "Each one is being reviewed and for each person we discuss with the care staff to ensure any changes have been made. People's needs change from the original assessment so it's good to review them." Care staff confirmed they were consulted on people's needs.

All the staff we spoke with told us they were supported in their role. One staff member said, "All pretty good here, you can voice your opinion and everyone is approachable, it's like a work family." We saw staff were welcomed in the office had an opportunity to have informal chats along with more formal supervision. Staff were able to access the computers in the office to complete their online training or had access to do them at home.

Partnerships had been developed with a range of health care professionals. For example, liaising with the heart failure team. One person due to prescribed health reasons, was required to have their amount of drinks restricted, to help keep them well. The care staff had to record the person's weight daily. When the weight had increased from the day before this was reported to the heart team. This was so they could

continue to monitor the person and know when to take action to support he person's health care needs. Other partnerships had been developed with social care professionals when discussing packages of care and individuals needs when they changed.

We checked our records, which showed the provider, had notified us of events in the office. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service. The provider displayed their rating in the office and on their website.