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# Care Link Residential Care Home

## 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

This inspection took place on 28 October 2015 and was unannounced. At our last inspection in October 2013 we found the provider was meeting the regulations we inspected.

Care Link Residential Care Home provides accommodation and support with personal care for up to three adults with learning disabilities.

There was a registered manager in place. 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.

People told us they felt safe living at the service and staff understood their responsibilities to protect people from the risk of abuse.

Staff had the knowledge and skills to care for people effectively and responded promptly to their needs, whilst maintaining their dignity.

People were supported to maintain their nutrition and received their medicines as prescribed. Referrals were made to health care professionals for additional support or guidance if people's health changed. The registered manager had links with the local community to help people avoid social isolation.

The consent of people or their representatives was sought appropriately and where limitations on people's freedom were necessary these were properly discussed and authorised.

People were supported by a sufficient number of staff and effective recruitment procedures were operated to ensure staff were safe to work with people using the service.

People were involved in the planning and reviewing of their care. They were treated with kindness and compassion by staff.

The views of people, relatives and staff had been sought and acted upon. Complaints had been responded to and action taken to address issues identified through monitoring and audit processes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had.

The risks associated with people's care and support were assessed, and measures put in place to ensure staff supported people safely.

Sufficient staff were available to meet people's needs and a robust recruitment system was in place.

People received their medicines as prescribed and medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. Staff received an appropriate induction and regular training. They were supported through regular supervision and appraisals.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when people's health needs changed.

### Is the service caring?

Good ●

This service was caring. People were treated with kindness, compassion and respect.

Staff worked in a caring, patient and respectful way.

People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

### Is the service responsive?

Good ●

The service was responsive. People had individual assessments

and care plans that clearly identified their needs which they or their representative had been involved in.

People were supported with their interests and hobbies and links were forged with the local community.

There was a complaints policy and procedure in place. People and relatives could raise any concern and felt confident these would be addressed promptly.

**Is the service well-led?**

**Good** ●

The service was well-led. The management culture was positive where people and staff felt involved and listened to.

The registered manager actively encouraged feedback from people and staff which was used to make improvements to the service.

There was an effective quality monitoring system to check that the care met people's needs. Regular audits took place and any issue identified was acted on.

# 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 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 was an unannounced inspection carried out on 28 October 2015 by one adult social care inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications and information we had received from other professionals for example the local safeguarding team. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During our inspection we observed the care and support provided by staff to help us understand the experience of people who lived at the service. We also looked at two care records, including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, minutes of meetings and documents in relation to the monitoring of the service.

We spoke with two people who used the service, one relative, two members of staff, the registered manager and the deputy manager. After the inspection we contacted one relative to obtain their views of the service.

## Is the service safe?

### Our findings

People told us they felt safe at the service. Family members told us their relatives were looked after safely by staff. Relatives told us they were aware of whom to speak to if they were worried about people's safety.

Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. Staff were able to describe the different types of abuse which can occur and how they would report it. The staff had received safeguarding training which they told us helped them to understand who to report concerns to. There were clear procedures available for staff to refer to if needed.

It was evident from the discussion we had with the deputy manager that they understood what constituted abuse and knew how they could escalate any concerns that they might have. The deputy manager told us any safeguarding matters were always discussed during shift handovers, team meetings and supervision sessions. We saw evidence of this on the records we sampled. This meant staff were always made aware of any incidents and the improvements that were needed to minimise the risk of similar safeguarding issues occurring.

Risks to people were assessed and staff had access to information about how to manage the risks. People and their relatives were involved in the completion of their risk assessments. This helped to keep people safe. Risk assessments gave guidance to staff on how best to support people in different situations and how people might behave when distressed, unhappy or in pain. For example one person had been assessed as being at risk of fall when getting in and out of the bath and there was guidance in place informing staff on how to minimise this risk. Where people needed staff to accompany them, we saw staff were available to do this. This showed staff were committed to keeping the people in their care safe.

The registered manager took the safety of people, staff and visitors seriously. We saw that there were arrangements in place to deal with foreseeable emergencies. The service had developed an evacuation plan so staff were aware of what they had to do should an emergency arise. This was displayed in the hallway. Risk management plans instructed staff how to work in a way that minimised risk to themselves, people and others. The registered manager carried out regular fire drills and checked the fire alarm every week. Health and safety maintenance checks such as electrical appliances and gas equipment were completed in a timely way. An environmental health officer visited the service recently and gave them a five star excellent rating. There was an on-going programme of maintenance and redecoration.

People felt there were enough staff working in the service to meet their needs. One relative told us, "There is always enough staff on duty." Staff told us there were enough staff to care for people safely. We observed that staff responded quickly to people when they needed support. There were systems in place to adjust staffing levels to meet the changing needs of people during the day. The deputy manager told us if they needed extra staff to support people to go into the community and this would be provided. This helped to ensure people were given safe care, at all times. The staff had been working at the service for a long time and this helped maximise consistency and continuity of care. We looked at the staff rota and saw that

staffing levels were flexible dependant on the changing needs of people.

Staff had been recruited through an effective recruitment process to ensure they were safe to work with people. We looked at the staff recruitment records for two staff employed by the service. The recruitment process required staff to complete an application form to provide information about themselves and their previous work history. The files contained an application form which covered previous experience, qualifications, training and any gaps in employment. There was evidence of checks being done with the Disclosure and Barring Service (DBS). These checks identified if prospective staff had any criminal convictions or were banned from working with people using the service.

People were satisfied with how their medicines were managed. People's medicines were appropriately managed and administered in a safe manner by staff. We saw that the provider had procedures regarding the management of medicines. These procedures included details about how medicines should be handled and administered so that the people would get their medicines as prescribed by their doctors.

We looked at the medicines administration records and saw that staff had completed them correctly to indicate what medicines people had received. This meant people received their medicines when they needed them in a way that was safe.

Staff who were responsible for the administering medicines had received medicine training to ensure they were competent to do so. This helped to ensure people were protected from the risks associated with medicines mismanagement as staff had been assessed as competent to administer medicines safely. There were systems in place to ensure people did not run out of their medicines and the pharmacist supplying medicines to the service also visited regularly.

# Is the service effective?

## Our findings

People and their relatives felt the care and support they received was good and staff had the appropriate skills to care for them. One relative told us they were very happy with the care and support being provided by staff and said "The staff are very caring."

People were supported by staff who had received appropriate and relevant training. Staff told us they received all the support they needed to carry out their duties competently and were positive about the quality of training provided to them. Staff received appropriate professional development. We were able to see records of training that staff had attended for example, moving and handling, safeguarding adults, fire safety and infection control. The registered manager monitored staff training very closely to ensure that staff were up to date with their training. We noted that refresher training in a number of areas was planned to start at the end of this month.

The service had an induction programme for all new staff. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures for example Fire Safety, Infection Control, Health and Safety and Safeguarding.

Staff received regular supervision based on a target of six per year plus an annual appraisal once they had been working for 12 months. There was a schedule of supervisions and appraisals had been planned for the year. Staff told us they received regular supervision and felt fully supported to carry out their role. We saw copied of staff supervision records and noted a range of issues were discussed, including staff training needs. This indicated that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

People were supported to make decisions about their care and provided consent. Where people lacked the capacity to make a decision the registered manager followed the principles of the Mental Capacity Act 2005 (MCA). The MCA exists to protect people who may lack capacity, and to ensure that their best interests are considered when decisions that affect them are made. When appropriate family members views were also sought. Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and had received training. They were aware that any important decisions made on the behalf of people who lacked capacity should only be made once a best interest meeting had been held. When people had been deemed to lack capacity to make a decision there were best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed. For example a best interest meeting took place recently regarding managing on person's finance. Staff knew who to alert if people's capacity changed or there was a consent issue.

The law requires the Care Quality Commission to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS ensures that people receive the care and treatment they need in the least restrictive manner, and ensure there are no restrictions to people's liberty, and if there are, they have been authorised by the local authority. The staff were aware of the DoLS. There were procedures in place to ensure people's freedom was not restricted unlawfully.



The family members told us their relatives enjoyed the food at the service. One relative said, "The food is good." People were given a choice of what they wanted to eat and were supported to plan the menu. Staff told us if people did not want what was offered, they could ask for an alternative. We saw people's weights were maintained and staff monitored people's dietary needs regularly. One person enjoyed culturally appropriate meals and this was provided as required. The menus were only a guide to help people plan their meals and shopping. People were offered snacks and drinks in between meals. This showed people were supported to eat and drink sufficient amounts to meet their needs.

People had access to relevant healthcare professionals when required. The deputy manager told us if they had any concerns they would take appropriate action to ensure that people's health was maintained. We saw records were kept of these referrals and consultations. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice, for example a change in a person's medicine. On the day of our visit one person went to their dentist for a regular check-up. This meant people received appropriate access to health professionals to maintain their health and well-being.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care and support being provided and told us the care was good. They said the staff were "good" and relatives described staff as excellent. A relative told us they felt staff treated people with dignity and respect. We observed staff and the registered manager spoke sensitively to people and in a caring manner. Staff had developed a very good relationship with the people using the service.

During our visit, we saw staff treated people with respect and preserved their dignity. Staff offered people appropriate physical comfort. Staff knew about the needs of the people they were supporting and could describe the different ways people preferred to be cared for. Staff spoke about people in a caring way and told us they enjoyed working in the service. The care plans we looked at described people's needs in an individual way.

People were encouraged to express themselves and make as many decisions as they could. We observed people made choices such as what they wished to eat and how they wished to spend their time and these were respected by staff. People were involved in making decisions about their care and support. Families told us they were always kept informed of changes in the well-being of their relative and there was always someone to talk to. They were also involved in their relatives' reviews. People had monthly meetings with their key worker and this gave them an opportunity to discuss any issues they might have.

Relatives told us they were always made welcome when they visited the service. There were no restrictions on times or lengths of visits and were offered a private area to speak with their relative if required. People had access to their bedroom and a smaller, quiet room should they require some private time and this was respected by staff. The deputy manager said, "This is their home and we respect that."

People's religious and cultural needs were understood and catered for by staff in a caring way. For example, people went to their places of worship on a regular basis. People's preferences about how their care should be provided were taken into account. For example, people's wishes about what they could not eat.

People had access to an advocacy service and were provided with information about how to access it should they wish to. An advocate is an independent person who can help to provide a voice to people who otherwise may find it difficult to speak up.

People were supported in promoting their independence and community involvement. People were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms, do their laundry, make their own drinks, and help with household chores. Staff supported people to go shopping on a regular basis to the town centre.

## Is the service responsive?

### Our findings

People received the care and support they wanted in line with their needs. Family members felt their relatives were looked after well.

We saw that care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at two care plans and they were personalised and provided staff with detailed guidance about how people's personal care and support needs should be met. We saw people had been involved in an assessment of their needs and their care plan had been written in consultation with them and their relatives. People's care plans included information about their likes and dislikes. Information about people's past lives and achievements was also available to help staff understand more about them. Care records also clearly stated what people could do for themselves and what they needed help with for example personal hygiene. Staff were aware of people's current needs and ensured the registered manager was informed when a person's needs had changed. People's care plans were reviewed on a regular basis. Relatives told us they were involved in their care reviews. This meant that people's ongoing and changing needs were kept under review.

We saw each care plan contained individualised personal information about people. This meant that person centred planning was in place, which considered all aspects of people's individual needs. People had an allocated member of staff known as a key-worker who coordinated their care.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. They were active and staff encouraged them to become involved in as many activities as they wanted to. People could choose how they spent their time when they were in the service for example, listening to music, watching the television or socialising with each other. The registered manager ensured that people maintained good links in the community. People were supported by staff to go out for lunches, shopping trips, and visits to the local community and to visit friends and family. Staff encouraged people to develop relationships and this helped to avoid social isolation.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. The provider had a process in place to review complaints and comments to improve the service. People and their relatives felt they could raise concerns and make a complaint and knew how to do so. One relative said, "I would speak with the manager if I was not happy about something." Another relative mentioned they were confident that the registered manager would deal with any problems effectively. During our visit, we observed people felt comfortable speaking with the registered manager and their deputy.

People had been provided with accessible information about how to make a complaint and the information was also displayed in the communal area. The service had not received any complaints in the past 12 months. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. The staff asked people regularly and checked that everything was alright for them. The service allowed people to express their views and concerns in a safe and understanding environment.

## Is the service well-led?

### Our findings

People and their relatives commented positively on the management team and told us they were "Good". The service had a registered manager and they understood their responsibilities. They and/or their deputy kept themselves up to date with current best practice by attending forums for adult social care providers and identify improvements they could make in the service. We observed the registered manager interacting with people and saw people were comfortable approaching them.

Communication between people, families and staff were encouraged. The registered manager told us that relatives were encouraged to contact the service at any time to enquire about their family member. The relative we spoke with also told us they felt the service was of a good quality.

The staff told us there was an open and honest culture in the service. One member of staff said, "I can talk with the manager about things, they are very supportive and helpful." Staff felt supported and would be listened to by the management of the service. One staff member said, "we all work together as a team." Staff had regular meetings where they could openly express views and ideas. There were clear decision making structures in place and staff understood their role and what they were accountable for.

The registered manager undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, staff training, health and safety and medicines management. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Where issues were identified, they were followed up. This meant people could be confident the quality of the service was being assessed and monitored.

People, their representatives, other professionals and staff were asked for their views about their care and support being provided at the service and they were acted on. We saw the satisfaction surveys that had been completed by people or by their representatives and they were happy with the care and support that they were receiving. This demonstrated that the registered manager used feedback to assess, monitor and improve the service. The result of the surveys was recorded and analysed. For example, one professional commented that they were not aware of the complaints procedure and this was now displayed in the communal area as well as in each person's bedroom.

The service worked closely with the local authority and other professionals to ensure they improved the care and support they offered to people. We saw that one person who had a health condition was being supported to maintain a healthy blood sugar level and this was regularly monitored.

We saw accurate and up to date records were maintained in respect of people who used the service and staff. Records were kept locked when not in use. This meant the records were accessible to staff only and information was kept confidential.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service. This meant we were kept up to date with

events in the service.