

The Link Nursing & Care Agency Ltd

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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

This inspection took place on 26 and 28 January 2016 and was announced. We gave the registered manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We last inspected the service on 22 January 2014. At that inspection we found the service was compliant with the essential standards we inspected.

The Link Nursing & Care Agency Limited provides personal care to people living in their own homes. The people they support have varying needs including physical disabilities, learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were 19 people using the service. Of those, 16 people lived in shared accommodation in supported living facilities. The remaining people either lived on their own or with their family. The provider supports additional people in the community but they do not receive personal care. This inspection and report only relates to the 19 people receiving the regulated activity of personal care. Those receiving support but not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC).

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The registered manager was present throughout the inspection.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were treated with respect and their privacy and dignity was promoted. People said their care and support workers were kind and supported them in the way they wanted them to. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence with personal care. Risks to people's personal safety were assessed and plans were in place to minimise those risks.

People received support that was individualised to their specific needs. Their needs were monitored and care plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People confirmed they were involved in decision-making about their care and support needs.

There were safe medicines administration systems in place and people received their medicines when required. People's health and wellbeing was monitored and appropriate action was taken when required.

People were supported by sufficient staff to meet their individual needs. Safe recruitment practices were

followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

People received effective care and support from staff who were well trained and knew how people liked things done. Staff received effective supervision and their work was reviewed in yearly appraisals.

People benefitted from receiving a service from staff who worked well together and felt management worked with them as a team. Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service.

## 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 protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who received induction and training suitable for their roles. People benefitted from staff who were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. The staff had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had identified and forwarded referrals to the local authorities.

### Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. People were treated with kindness and respect.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible with their personal care.

### Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service was responsive in recognising and adapting to people's changing needs. People's right to confidentiality was protected and they were made aware of how to raise concerns.

## Is the service well-led?

Good ●

The service was well-led. People benefitted from a service that was managed well and had strong leadership.

Effective systems were in place to enable the service to monitor the quality of care and support that people received.

People benefitted from personal records that were up to date and reflected their needs and wishes. People benefitted from a staff team that worked well together and felt supported by their managers.

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

This inspection took place on 26 and 28 January 2016. It was carried out by one inspector and was announced. We gave the registered manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we sent survey questionnaires to 44 members of staff and received four back. We also sent survey questionnaires to 21 community professionals and received seven back. We spoke with three people using the service, five relatives and five support workers. We also spoke with the registered manager and members of the head office staff team. We observed people and staff working together during the two days of our inspection.

We looked at four people's care plans, daily records, health action plans and medication administration records. We also looked at the recruitment files of five care staff and staff training records. We saw a number of documents relating to the management of the service. For example, quality audits, quality assurance surveys of relatives, complaints records and incident and accident reports.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. People told us they felt safe and relatives told us they felt their family members were safe with the staff. One relative commented: "Oh yes, I am quite confident in that area." Health and social care professionals told us they felt people who use the service were safe from abuse and/or harm from the staff.

Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. Staff were aware the company had a lone working policy designed to keep them safe. Staff were provided with details of the company's whistle blowing procedure on induction and had access to the policy in the staff handbook if needed. Staff told us they would be comfortable approaching management with any concerns and were sure their managers would support them if they did.

We saw from the service's safeguarding records that any allegations were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission as required. The records contained details of actions taken by the service as well as the outcome of investigations.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any identified risk. For example, environmental risks to staff and risks to people related to moving and handling.

The service assessed the environment and premises for safety as part of the initial assessment. For example, slip and trip hazards and equipment to be used when providing the package of care. Care plans documented what actions needed to be taken by staff to reduce or remove risks to themselves. For example, moving and handling risk assessments set out measures staff should take to reduce risks to themselves.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people or staff had accidents or incidents these were recorded and monitored to look for any developing trends.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. The registered manager had a final checking system to ensure all required information was in place before allowing new staff to commence their employment.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked twice. Once by their senior and then by the registered manager observing them administering medicines. Staff training records confirmed that all staff had received the training before handling

medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines. Relatives said their family members received their medicines when they should.



# Is the service effective?

## Our findings

People received effective care and support from staff who knew the people well and were well trained. The service did not use staff from external agencies. Staff were divided into small teams and provided care and support to the same people on a shift system. People were provided with details of staff rotas and had photographs of the staff who routinely worked with them. This meant people were always supported by staff they knew and who knew them.

People were protected because staff had received training in topics related to their roles. Staff training records showed people had received induction training when first starting employment with the company. Induction training prior to April 2015 had followed the Skills for Care (SfC) common induction standards. After April 2015 the registered manager and head office team had developed and implemented a new induction training programme for all new staff which was based on the new SfC Care Certificate.

We saw staff had received induction or update training in topics such as first aid, health and safety, fire safety and moving and handling. Other training routinely provided included medication, safeguarding adults and the Mental Capacity Act 2005. Additional training had been provided and included autism awareness, epilepsy awareness and person centred care. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. People felt the care workers had the skills and knowledge to give them the care and support they needed. Relatives told us staff had the training and skills they needed when working with their family members. One relative told us: "Staff understand him and are very good with him. He has come on leaps and bounds with them." Health and social care professionals felt the staff were competent to provide the care and support people needed. One professional commented: "Their staff are well trained and effective. They have dealt with some complex people well."

Staff were supported to gain additional qualifications. Of the 44 staff, nine held a National Vocational Qualification (NVQ) or Qualifications and Credit Framework (QCF) award level 2 in care and 16 held an NVQ or QCF level 3. Three staff members held an NVQ, QCF or health and social care award at level 4 or 5.

Staff had one to one meetings (supervision) with their manager every six months to discuss their work and training requirements. Other supervision sessions included direct observational sessions, which were carried out two to three times a year and covered different areas of their work. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision provided showed staff were up to date with their supervision and direct observational sessions. All staff had annual appraisals of their work and records showed all were up to date.

People's rights to make their own decisions, where possible, were protected. People and their relatives told us they were involved in decision making about their care and support needs. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA

also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they had received training in the MCA and understood their responsibilities under the Act.

The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, nine applications were with the local authorities to file with the Court of Protection.

Where the service provided included responsibility for people's eating and drinking, daily records included how much people had eaten during each day. Where people were not eating well staff would highlight that to their line manager and advice would be sought from the GP or a dietitian if necessary. One relative told us their family member was provided with: "a brilliant varied diet with nice quality food." Another relative told us their family member had a problem with eating too quickly. They told us the service had sought guidance from the local speech and language therapist. They said all staff knew and followed the guidance they had been given.

We saw people's health was monitored where needed and routine health check-ups were recorded and appointments booked when routine checks were due. Records showed that any health or welfare needs identified were dealt with swiftly, with input from relevant health and social care professionals as needed. A social care professional felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They added that the service: "Liaises well with the local community team for people with learning disabilities and with community health services." A healthcare professional told us: "I am in contact with staff working for this agency when they bring clients to the clinic. They have a good knowledge of the clients, their concerns, medical history, behavioural problems and client management. They contact the clinic when there are problems and are very supportive of their clients."

## Is the service caring?

### Our findings

People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Care plans contained details about people's likes, dislikes and personal preferences. All interactions we observed between staff and the people using the service were calm, caring and professional. People said staff were caring when they supported them. One person commented: "They treat me like an adult, they are always there for me." Relatives told us staff were caring when supporting their family members. One relative commented: "They are phenomenal, they are genuinely fond of [name] and respect is there throughout." another relative added that staff were very caring and that some staff "are amazing." Social care professionals felt the staff were kind and caring towards the people who use the service.

People benefitted from having staff with an in-depth understanding of their individual needs and preferences. We observed staff working with people using the service during the two days of our inspection. They used their knowledge of individual people to help them communicate and interact with us and help us gain their views. Staff were good at helping people understand why we wanted to talk with them so that they were not anxious or uncomfortable. We also saw head office staff interacting with the people who came to see us and it was clear they also had a good knowledge of each person as an individual.

People were supported to be as independent as possible with their personal care. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves and where they needed help. This ensured staff had the information they needed to encourage and maintain people's independence with personal care where possible. One relative told us they thought their family member had become more independent since the service had recently started providing their care package.

Relatives of people living in the supported living houses all commented on the weekly report the service sent them and how useful they found it. The reports gave a brief update to relatives on what had been happening in the person's life the previous week. Topics included their wellbeing, health, activities, finances and any relevant information regarding their homes. One relative told us: "Communication is great."

People's right to confidentiality was protected. All personal records were kept securely and were not left in public areas of the service. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction. Staff were all issued with a copy of the staff handbook which set out the provider's expectations regarding confidentiality and the protection of people's confidential personal information.

People's wellbeing was protected and all interactions observed between staff and people using the service were respectful and friendly. Relatives confirmed staff respected the privacy and dignity of their family members. Health and social care professionals said people who use the service were always treated with respect and dignity by its staff.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any changes were noted in the daily records, care plans were updated if indicated. Where people were assessed as requiring health or social care specialist input, this was provided via referral to their GP or by asking relatives or commissioners where appropriate. Health and social care professionals told us the service made sure it's staff knew about the needs, choices and preferences of people who use the service.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. People's individual likes and preferences in the way they wanted things done were included in the care plans we saw. Each care plan contained an 'at a glance' one page sheet that gave details of things that mattered most to the person. Their usual preferred daily routines were also included so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. Staff felt the care they provided was person-centred. They were able to describe their understanding of person-centred-care. Comments made by staff included: "The care is tailored to the person." and "Care is for that person in the way they want things done."

Risk assessments were incorporated into people's individual care plans. Actions staff needed to take to reduce the risk had been developed based on the person and the way that worked best for them. People's needs and care plans were regularly assessed for any changes. The care plans we saw had all been reviewed within the past 12 months. People's changing needs were monitored and the package of care adjusted to meet those needs. Staff explained how they would report any changes to their manager, write the change in the daily notes and also in the communication book. Staff confirmed they read the communication book at the start of each shift and felt they were always made aware of any changes to people's care. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. One relative told us they had raised a minor concern and had been happy with the way it was handled. People were given information about how to make a complaint when they started a package of care and we saw they were confident going to the head office and speaking with staff there. One person told us: "If I have an issue I speak with [staff name] and they fix it. Staff are very nice and very friendly." Complaint forms were also available in pictorial format if preferred.

The service had devised and implemented 'decision forms'. These forms were used by people to record things they had decided. Some of the decisions we saw documented could have gone on to formal complaints if not handled as they arose. For example, on one form the person had written, with help from staff, that they had decided they did not want a specific member of staff to support them anymore. The form set out details of the discussion and who had been involved in the discussion. A mental capacity assessment

had determined the person had the capacity to make the decision and the decision was implemented straight away. There had been no formal complaints made to the service in the past 12 months.

One relative described a recent health issue and treatment their family member had gone through. The relative explained that staff had accompanied the person and the relative on all appointments and treatments. They told us: "I watched them with [Name], they are tremendous. They have been fabulous through it all and have enabled [Name] to cope with it."

## Is the service well-led?

### Our findings

People benefitted from a staff team that were happy and felt they worked in an open and friendly culture. Staff members told us their managers were accessible and approachable and dealt effectively with any issues they raised. They also said they would feel confident about reporting any concerns or poor practice to their managers. One member of staff said: "All support workers at the Link are like one big happy team, always ready to help each other and share good ideas." Relatives told us the staff had good relationships with each other and managers. One relative commented: "I can't speak too highly of them, staff get on well and have mutual regard." One person who uses the service told us: "They are nice in the office, they are really understanding."

Staff told us managers were open with them and communicated what was happening at the service and with the people they support. They felt well supported by their managers. Comments received from staff included: "Everyone knows what is happening.", "Management is always on the end of the phone. They make you feel like you are doing a good job." and "I enjoy working for The Link. I adore my job."

Feedback on the service provision was sought by the registered manager on an annual basis. Any issues identified would then be dealt with when received. Staff views were sought during staff meetings, during house meetings in the individual supported living houses and in staff supervision sessions.

Each of the seven supported living houses had a senior support worker on the team. The seniors carried out monthly audits of care plans, medicines, medicine administration records and communication books. The registered manager, deputy manager and service managers carried out spot check audits of the services provided. The spot check audits included checking for any health and safety issues, infection control, care plans and medicines.

Health and social care professionals told us the service cooperated with other services and shared relevant information when needed. They felt the service was well managed and that managers and staff were accessible, approachable and dealt effectively with any concerns raised. People and their relatives felt the service was well-managed. One relative commented: "I am confident they make the right decisions. I feel I am part of [Name]'s life. Staff are well supported and I know if there was a problem they would contact me." Another relative told us the service was well managed and added: "If I need anything I phone the office. They always help."

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. The registered manager oversaw and monitored staff training and was aware of what training staff had received or needed to be booked. Care plans, daily records and risk assessments were reviewed on an ongoing basis, any changes were recorded on the care plans and in daily records. Records were up to date, fully completed and kept confidential where required.