Care Quality Commission

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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 9 November 2015 and was unannounced. At our last inspection in November 2013 we found the provider was meeting the regulations we inspected.

Care Link Residential Care Home provides accommodation and personal care for up to three adults with a learning disability. At the time of this inspection there were two people living at the service.

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 were protected against the risks of abuse as staff were clear on the different types of abuse and their responsibilities to protect people from harm. People felt safe living at the service and comfortable in the presence of staff. Appropriate checks were carried out before staff began work at the service.

There were sufficient numbers of staff to meet people's needs and keep them safe. Staff were given training and support they needed to help them look after people appropriately.

People received personal care and support that was responsive to their needs. Individual risks to people had been assessed and recorded in their care plans to keep people safe.

People were supported with their nutritional and hydration needs and were involved in the planning of the menus. They were also supported with medicines administration by staff who had been trained to do so.

Staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. The registered manager and staff were knowledgeable about assessing people's ability to make specific decisions about their care. People, where required, were referred to the most appropriate health care professional when needed.

People were also encouraged to be as independent as possible and their privacy and dignity was promoted. There were opportunities for people to be involved in many interesting activities both inside and outside the service.

There was a range of effective audit and quality assurance procedures in place. These were used as a means of identifying areas for improvement and also where good practice had been established.

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 supported by staff who had been trained and were knowledgeable about reporting and acting on any concerns about people's safety and well-being.

Risk assessments were in place and staff adhered to these for the management of risks to people's safety.

Staffing levels were sufficient to meet people's needs and recruitment processes were safe.

People's medicines were managed safely by staff who had received appropriate training.

Is the service effective?

Good

The service was effective. Staff received training, supervision and support to give them the necessary skills and knowledge to help them care and support people appropriately.

People were supported with their decision making and where they could not make decisions were supported with care that was in their best interests.

People received food and drink according to their needs, and had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring. People had good relationships with staff whom they found to be kind and caring.

People were treated with dignity and respect. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions about their care such as about activities, meals, clothing and care planning.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were supported with a wide variety of their preferred social activities and interests.

People and relatives had no complaints about the service but knew who to speak to if they were unhappy.

Is the service well-led?

Good

The service was well-led. People and their relatives felt the service was well led and could approach the registered manager with any issues and action would be taken.

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

There were effective systems in place to seek people's views and opinions about the running of the service.

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 9 November 2015 by one 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 one person who used the service, one member of staff and the deputy manager. The registered manager was not available on the day of our visit. After the inspection we contacted two relatives to obtain their views of the service.

Good

Is the service safe?

Our findings

People living in the service told us they felt safe. One person said, "I feel safe living here." Relatives had no concerns about the care and support being provided by staff. A relative said, "Yes this is a safe place. I am very very happy with the staff and the care being provided."

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had gained a good understanding of what protecting people from harm meant. This was through training and formal supervision. Staff were able to tell us about what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive practice. They were aware of their responsibility to report any concerns in order to protect people. One member of staff said; "If I have any concern about someone safety I will always speak to the manager about it."

Information was available to people in the service about how to report any concerns to staff, the local authority or the CQC. The safeguarding policies and procedures were available on the noticeboard for staff, people and visitors to refer to. This showed that the provider had the appropriate measures in place to help ensure people were kept as safe as possible.

We found risks to people had been assessed and documented. For example, risk assessments were in place for people with certain medical condition who were prone to have seizures. Individual risks had been completed for each person and recorded in their support plan. There was detailed information to provide staff with guidance on how to safely manage risks. Staff were aware of the risks to people and understood the information available to them in the support plans. Staff had discussed risks to people with them and how these would be managed. We saw risk assessments had been regularly reviewed and updated when necessary. This helped to ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Staff had discussed about their risks with them and how these would be managed.

The service had a system to ensure all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out. Safety checks were carried out on, for example, gas equipment, electrical equipment and fire-fighting equipment. Fire safety checks and fire drills had been conducted regularly. There was a fire risk assessment for the service which had been completed by an accredited body with regards to fire safety. The provider also had an emergency plan which gave guidance to staff on the actions they should take in the event of, for example, the loss of water, electricity or gas.

People told us there were enough staff to look after them. We looked at the staff rotas and found the service had sufficient staff to meet people's needs and any shortfalls, due to sickness or leave, were covered by existing staff, which ensured people were looked after by staff who knew them. On the days of our visits there were enough staff readily available to assist people when they needed help and support. The staffing numbers were kept under review to respond to people's choices, routines and needs. For example we saw that there were more staff on Saturdays as people went out to different places of their choice and staff

accompanied them. Night staffing levels consisted of one staff sleeping in and the providers were available to support night staff at any time should they require assistance. Staff we spoke with felt the staff number on each shift were adequate and said the managers were always available.

Safe recruitment procedures were in place. Staff we spoke with told us they did not start work until all necessary checks had been completed. The records we looked at confirmed this. We looked at two staff files and found that appropriate checks were carried out before staff began work to ensure they were fit to work at the service. Checks included staff's previous employment, recent photographic evidence of identity and written references. We also saw that criminal records checks had been carried out to check that staff had no criminal convictions that would bar them from working in a care service. This showed the provider only employed those staff who were deemed suitable to work with people living at the service.

The staff were clear on how to manage accidents and incidents. There was a process to review incidents to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid recurrence. This showed the registered manager was proactive in promoting people's safety and welfare.

We looked at how the service managed people's medicines and found the arrangements were safe. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. People were supported with their prescribed medicines by staff whose competency to administer medicines had been assessed. This helped to ensure they maintained a good understanding of safe medicines administration. Policies and procedures were available for staff to refer to. One person said, "Staff give me my medicines when I am due to have them." One person administered their own medicines and we saw there was a system in place to ensure the person was having their medicines as prescribed. Medicines audits were carried out monthly by the supplying pharmacist and these checked the quantities remaining for each person against what had been received and administered. Medicines were stored securely and this meant people could be assured that medicines that had been prescribed for them were handled appropriately. We checked the medicine administration records and found that the medicines had been recorded upon receipt and the records were dated. There were also records kept when staff disposed of any unused medicines to provide an audit trail for all medicines.

Good

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person said, "Staff are very good and they look after me well." A relative commented, "I am happy with the care my family member gets here." Another relative said," The staff are very helpful and one particular staff is very lovely."

Staff received appropriate professional development. Records showed that staff had received training in a number of key areas relevant to their roles such as medicines administration, moving and handling, risk assessment and first aid. This was planned and delivered to ensure staff had the skills and knowledge necessary based upon people's individualised care needs. Staff told us that they had the training they required to meet people's needs effectively. One member of staff told us, "I have done different training since I started working here and it has been useful."

Staff received regular training, both in-house and also from the local authority. Certificates were available to evidence the training staff had received. Where staff had gaps in their training that needed to be refreshed, they were already booked on courses in the near future. We noted a number of refresher training sessions were taking place this month. Staff also had training that was specific to the needs of the people that they supported for example, training certificates showed that staff had completed courses in epilepsy and managing challenging behaviour. This helped to ensure staff were better equipped to support people's individual needs.

We saw that plans and processes were in place to ensure all staff received the support they needed. Staff received regular supervision and annual appraisals. Records contained evidence of supervision sessions approximately every two months. Staff confirmed they felt well supported through their regular supervision and staff meetings. They said they could request further training and support, or raise any concerns during their one to one supervision. One staff member said, "I had a supervision about a month ago and we discuss the needs of the clients that live here." We saw a number supervision records and noted a range of issues were discussed, including staff training needs. This meant that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

We looked at the staff induction programme, which all staff completed when they first commenced employment. This was comprehensive and a number of areas were covered for example, policies and procedures, staff training and checking staff competencies with different tasks before they were allowed to work on their own in order to ensure people received safe care and support from them.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). 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. Records viewed showed when and

whether people could or couldn't make specific decisions for example, when they wanted to go out in the community on their own. People's consent was sought before care was delivered and we saw examples of this within people's care records. For instance, permission had been sought for a member of staff to administer a person's medicines. One staff said "I always explain and ask the person for their permission before I do anything." This helped to ensure people were provided with care and support which was in their best interests.

People were supported with their eating and drinking by staff to ensure people ate and drank sufficient quantities. One person told us, "The food is very good." People were offered a choice of meals every day and were able to change their mind when the meal was served. We saw that care plans included detailed information on each person's dietary needs, including likes and dislikes. People were involved in the planning of the menus and would go shopping with staff to local shops and supermarkets each week. People, who were able to, would make their drinks with the support of staff. We saw people were weighed monthly to monitor their weight and advice from external healthcare professionals was sought where required. This helped to ensure that people received a healthy, balanced diet that was appropriate to their needs.

People were supported to access medical support from healthcare professionals such as general practitioners and dentists, to ensure their health and wellbeing was maintained. All people living at the service had an annual health check with their local doctor. Each person had a health action plan about their health and lifestyles which showed they or their relatives had been involved in. In addition, each person had a 'hospital passport'. This provided a brief overview of people current needs, including communication and health needs which could be presented in the event of them going to hospital or the doctors and could be easily understood by the staff. Staff accompanied people where necessary when they attended their medical appointments to support them. On the day of our visit one person was attending a routine appointment to the local hospital and they were accompanied by a staff member.

Good

Is the service caring?

Our findings

People told us they were happy living at the service and the staff looked after them well. One person commented, "I like it here, it is a good place." One relative we spoke with told us they had no concerns about the care that they saw being delivered when they visited the home. They commented, "The staff are really kind and helpful." We saw staff interacting with people in a kind, pleasant and friendly manner. There was a relaxed atmosphere in the service. People, relatives and staff described the service as being like one big happy family.

We found that people had relatives who acted as advocates for them if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. This helped to ensure that people's wishes, needs and preferences were respected where people were not able to speak up for themselves. Each person had a nominated 'key worker'. A key worker is a member of staff who takes a key role in the planning and delivery of a person's care. Staff had a good knowledge of the people they supported. This helped to ensure staff supported people in the most sensitive way whilst meeting all their needs.

Relatives felt informed about their family member's care and they were contacted by the staff if there was anything that they needed to know. They told us, "The manager always keep me informed of what's going on." Regular reviews of people's care took place and these involved the person as much as possible and also family members or relatives. One relative said, "I am always invited when there is a meeting about my relative and if I can't the manager always lets me know the outcome of the meeting."

It was clear from our discussions with staff and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, clothing choices and taking part in activities. People were able to personalise their bedrooms how they like. One person told us that they chose the colour for their hair themselves.

Staff encouraged people's independence when providing care and support to them. One member of staff said; "I always encourage the residents to do as much as possible for themselves and this promotes their independence." People were encouraged to clean their rooms and do their laundries. They were also involved during meal times by setting the tables and helping with the washing up of dishes.

People's privacy and dignity was respected. Staff always asked permission to enter people's rooms and they ensured the door was closed when providing support with personal care. Each person had a single room which had been personalised with personal belongings. During our inspection we saw people looked well cared for and their appearance had been considered.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they got the help they needed, when they required it. One person told us, "The staff looks after me well." Relatives told us they did not have any concern regarding how staff were meeting the needs of people at the service.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Before a person moved into the service, an assessment of their abilities and needs was undertaken. Information was also gathered from a variety of sources such as social workers, health professionals, and family. This helped to ensure that the service and its staff were able to identify the person's needs and prepare appropriate plans to meet these.

We saw each person had a care plan which included how to meet their individual needs. People's care records were up-to-date and they were involved in developing them as much as possible. These records included a record of their life histories, what their aspirations and goals were, their likes, dislikes and particular preferences they had. When we asked staff for a summary of people's needs they were knowledgeable about these and any recent changes in their physical and mental wellbeing.

We saw that the care plans also focused on what the person could do themselves and contained details on how they wanted to be supported by staff. The registered manager reviewed people's care plans every six months or earlier if their needs changed.

Staff had daily handovers in between shifts to discuss people needs and there was a communication book for important information and appointments to be shared amongst staff. This showed the registered manager had systems in place to ensure people's health and welfare was maintained through continuity of care and to respond to people's needs.

We found that people were able to attend activities and social engagements of their choice. The provider offered a good range of activities to people and they included day trips and supporting people to organise summer holidays. People were involved in discussions and decisions about the activities they would prefer which would help make sure activities were tailored to each individual. Activities were arranged for groups of people or on a one to one basis for example, people went out with staff members to the town centre during the weekend on a one to one basis. Each person's had a 'weekly activity planner' and set out the different types of things they liked to do during the weeks and at weekends. When people were not having planned activities, they could choose what they wanted to do such as spending quiet time in their rooms or socialising in the communal lounge.

We noted the complaints procedure was displayed on the notice board of the service and was also held on file. The procedure was available in an easy read format that could be understood by everyone who lived at the service and also displayed in the bedrooms. People were consulted on a daily basis and given the opportunity to raise concerns or be supported by staff and relatives who did this for them so these could be addressed promptly. People or their relatives or representatives knew how to make a complaint. One person

told us, "I can't think of anything to complain about. If I had to say anything or raise anything I would." There were regular meetings with people living at the service and these gave them an opportunity to raise any concerns or issues they might have. Staff we spoke with were aware of their responsibilities in the event of a complaint. One relative told us "Staff are always helpful, my relative is happy there compared to the previous home."

Good

Is the service well-led?

Our findings

People and relatives told us they believed the service was managed well; they felt the registered manager and the deputy manager were approachable. One person told us, "The manager is very nice and will listen to what you have to say." One person said, "The manager is good." There were good systems in place for communication, both between staff, and between staff and the management of the service. Staff told us they were happy working at the service.

The registered manager and their deputy had worked at the service for many years. The provider has one other care home, and they shared good practice and ideas between the two services. The registered manager operated an open door policy where staff could speak to them about any concerns at any time. Staff demonstrated a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for.

The provider had policies and procedures in place and they were updated and reviewed as necessary, for example, when legislation changed with the introduction of the Care Act 2014 the relevant policies such as training were updated. This meant best practice changes were reflected in the service's policies. We saw staff were asked to read and signed when policies and procedures were updated to ensure they kept themselves up to date with the changes.

There were effective systems to regularly assess and monitor the quality of the service. We looked at the most recent surveys which had been completed by people who lived at the service, their relatives and stakeholders. The response was very complimentary with regards to the care and support being provided at the service. We saw the information received was analysed so that registered manager could use it to improve the quality of service provided at the service.

Meetings took place for people who used the service and there were separate meetings for staff. Records showed that the registered manager discussed important messages about the service or any on-going matters during these meetings. Staff told us that where any issues or requests were made at a meeting that the provider was good at acting upon these requests for example staff changing their shifts among themselves. This enabled staff, people and their relatives to approach the providers to give their views or raise issues at any time.

The registered manager had a number of systems to assess and monitor the delivery of care and support to people. This included audits of care plans, medicines and health and safety. This ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted. Other opportunities to discuss the quality of care provided included conversations and discussions with people on a day to day basis. The registered manager worked closely with the local authority and other professionals to ensure they improved the care they offered to people.

The registered manager had notified the commission of any notifiable incidents in line with the current regulations. They demonstrated they were aware of when to send notifications and of their responsibilities

of being a registered manager.