Positive Care Link

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 12 and 16 October 2018. Positive Care Link is a domiciliary care service. It provides personal care to people living in their own homes. Not everyone using the service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. At the time of our visit, 10 people were using the service.

At the last inspection on 12 January 2018, we found that the service did not meet the regulations we inspected. We found a continued breach in safe care and treatment. We found that the provider did not have safe management of medicines systems in place. In addition, risks for people were not always appropriately assessed and plans were not in place to mitigate them. We issued a warning notice for this breach. We also found a continued breach in good governance because the provider did not maintain complete and contemporaneous records for people. We found a new breach in relation to staffing, because training for staff did not support them to carry out the duties. We issued a requirement notice for these breaches.

At this inspection we followed up on the warning notice and the requirement notices to ensure action had been taken to resolve our concerns. We found that the provider and registered manager had taken action to address some of the concerns from our previous inspection. However, we found that sufficient action had not been taken to resolve all of the concerns.

There was a registered manager in post. 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.

Medicines were managed safely. There were records and processes in place that demonstrated people's medicines was managed appropriately. However, we found that medicine administration recording was not always accurate.

The registered manager had systems in place that monitored the quality of the service. But we found these were not always effective because these did not find the concerns we found with some aspects of the service.

Pre-employment checks were carried out and returned before newly employed staff worked at the service. There were enough staff available to meet people's needs safely and effectively. However, when we checked the care worker tracker system there were errors in the recording of visit times which meant the systems could not identify a missed or late visit.

The registered manager had made improvements in the identification of risks for people. Each person had a risk assessment that was associated with their health or care needs. A risk management plan was in place to

guide staff to manage and mitigate risks.

The registered provider had a safeguarding policy in place. Staff understood abuse and how to manage an allegation of abuse and protect people from harm.

Each person had an assessment of their care and support needs. Staff had reviewed and updated people's care records since our last inspection. People's care records held information on their individual needs, likes and dislikes. Staff had access to this guidance to enable them to support people.

People had meals prepared for them if this was required. Meals provided met people's personal choices, preferences and nutritional needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff completed training in MCA which helped them the identify when people lacked the mental capacity to make decisions for themselves. People are 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.

Each member of staff had completed an induction on their employment at the service. Staff received support through training, supervision and a yearly appraisal.

The registered manager and staff were aware of and understood end of life care. At the time of the inspection, there were no people receiving palliative support or end of life care.

People said staff respected them and treated them with dignity while protecting their privacy.

The registered provider had an infection control policy. This provided staff which guidance on how to protect people from the risk of infection.

The registered provider had a complaints policy. People knew how to make a complaint or discuss a concern about an aspect of the service.

The registered manager met with staff and provided them with support and advice when this was requested.

People provided feedback about the care and support they received. Staff had regular contact with people and regularly asked people for their feedback on the staff and services they received.

The registered manager informed CQC of events and incidents that occurred at the service which we should be aware of.

Staff had developed partnership working with health and social care organisations. People received appropriate healthcare when their needs changed or deteriorated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks were identified for people. Plans to manage and mitigate them were in place for staff to safely support people. However, there were no clear plans or processes to capture missed or late visits.

People had their medicines as prescribed. Staff understood the safe medicines administration processes and systems were in place for ordering and disposing of medicines. Records for the management of medicines were not always accurate.

There were enough staff available to meet people's needs. The provider used safer recruitment procedures to employ new staff.

Staff understood abuse and how to report an allegation of abuse promptly.

Is the service effective?

Good

The service was effective.

Staff were supported through training, supervision and a yearly appraisal. People had meals provided to them that met their preferences and nutritional needs.

People had access to healthcare services when this was required.

The registered manager understood how to support people safely within the framework of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People said staff were kind and considerate to their needs.

People were involved and contributed to their care and support plans.

Staff protected people's privacy and ensured care and support

was carried out which maintained their dignity.

Is the service responsive?

Good

The service was responsive.

Staff had updated each assessment and care plan. These provided details on how people wanted to be cared for and their hobbies and interests.

The was a system in place for people to make a complaint about the service. People said they could make a complaint about the care they received.

Staff understood how to care for people who required end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had monitored the service. However, we found the outcome of the audits did not find the issues we identified.

Staff enjoyed working with people and felt supported by the registered manager.

The registered manager worked in partnership with health and social care organisations.

Positive Care Link

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.

Why we inspected - We inspected this service as it was 12 months since it was rated Requires Improvement. We have not received any notifications relating to safeguarding concerns, accidents or incidents during this period from the provider or other organisations.

This was a comprehensive inspection and took place on 12 and 16 October 2018. We gave the provider 24 hours' notice of the inspection because we needed to ensure the registered manager would be available to speak with us.

Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

We did not ask the provider to send us a provider information return (PIR). The PIR is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

One adult social care inspector visited the provider's office location on 12 and 16 October 2018. We spoke with the registered manager of the service and looked at five care records, four staff records and other information used in the operation and the management of the service.

Before the site inspection, one expert by experience spoke with five people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also contacted two local authority representatives but did not receive any feedback from them. We contacted two members of support staff to gain feedback about their roles and the management

of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 12 January 2018, we found that the provider did not meet all the regulations we inspected. We found that people did not always feel safe when staff visited them and one person reported that they felt bullied when a member of staff shouted at them. This incident was reported and investigated by the provider and the local authority safeguarding team. We also found risk assessments did not contain sufficient detail for staff to manage and mitigate risks for people. In addition, people's prescribed medicines and the records for the management of medicines were not completed accurately. We found these issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made some improvements to the service. However, there were still further improvements required.

People we spoke with gave us mixed views about how safe they felt with the care workers. A relative said, "Yes [my family member] is alright with the [care worker]". Another relative said, "I do believe [my family member] is happy. I have asked if [my family member] is happy and they say they are." However, another relative told us, "[My family member] is very fragile and has delicate skin and I have to ask them to remove rings and jewellery." We shared these comments with the registered manager for their investigation into this issue.

We found that the systems for the management of missed and late visits were not effective. The times recorded on the tracker system did not match the care package arrangements. On at least five occasions from May 2018 to August 2018 the care visit times recorded were incorrect and did not match the allocated contracted care hours. For example, records showed a member of staff had visited a person at 1am, another entry showed a member of staff provided one extra visit to a person using the service than was required. We showed the registered manager these discrepancies. They told us they would investigate these concerns and report their findings to us. Following the inspection, the registered manager responded to these concerns. They told us, "We are in contact with the tracker system [company] to try and find out the cause of the error in hours adding up."

We asked people whether staff arrived on time for visits. People shared their comments with us, "They have tried to come at times agreed sometimes a few minutes late, sometimes 10 minutes, on the few occasions", "[Care worker] comes at times agreed, morning and afternoon for one hour each time. In the morning there is two of them" and "No not really. They can be up to an hour late." The registered manger said the tracker system displayed an alarm when a care worker was more than 10 minutes late for a visit. However, the errors within the system would not accurately record and notify office based staff when this occurred. This meant people were at risk of not receiving their allocated care promptly.

We recommend that the provider reviews the systems and practices to monitor missed and late visits to ensure people using the service are protected from the potential risks associated with late and missed visits.

People received their medicines as prescribed. People told us that when they needed support with managing their medicines, this was provided to them. Each person who required medicines support had a medicines administration record [MAR]. We reviewed each of these for their completeness. The MARs we looked at were not always completed accurately. For example, on two people's MARs and on three separate occasions the names of the medicine were not correctly transcribed. We also found on one person's MARs the dose of medicine to be administered was not recorded. We also found one MAR recorded that all eight medicines were given in the morning and did not indicate whether this was a blister pack or individual medicines in boxes, another example was that staff had written the names of two medicines in one box on the MAR. The registered manager was shown these errors and they told us that the medicines should each be written in individual boxes and the person with multiple medicines was using a blister pack and this information was also recorded in their care records. The registered manager looked through this person's care records thoroughly however, there was no written record that stated the person was using a blister pack. The registered manager told us the completed MARs were checked when they were returned to the office for accuracy. However, these checks did not identify the issues we found during this inspection.

The registered manager updated us on the actions they had taken following the inspection. They said "We would like to inform you that we have made the adjustments following the feedback received. We have indicated on the MAR sheet exactly where medication can be found. For example, blister pack, medicine pill glass bottle, medicine pill plastic bottle, pop-out compartment pill organizer [packet] and pill box, vitamin case. We have corrected and ensured that all medicine names are spelt correctly."

At the last inspection we found people's risk assessments lacked enough information to manage and mitigate the identified risks. This meant that risks to people's health and support needs were not clearly identified or managed safely.

At this inspection we found that action had been taken to improve each person's risk assessment. We found that staff clearly identified risks that affected people's health and wellbeing. For example clearly identified and detailed information for a person who was at risk from falls. There was also a record of the practical assistance staff needed to provide and a list of the equipment used such as a commode, wheelchair and hoist. This information helped staff to manage and mitigate risks to people's health and wellbeing. People felt safe when receiving care and support. One relative said "[my family member] has two hoists operated without harm to them. They would tell me if there were any problems."

We found another example where a risk assessment had been updated to reflect a person's current identified needs. A person needed support with their mobility and personal hygiene needs. Their care records were updated to reflect this. They detailed that the person required hoisting for all transfers and mobility needs. Guidance and training for staff was in place for them to safely use the new shower chair, sling and airflow sling. A picture of the shower chair with written guidance on its use was available to staff in the care records.

The registered manager advised us that they had learnt from past mistakes. People had said that they were unable to contact senior staff at the last inspection outside office hours. The registered manager reviewed and updated the on-call system. The new system enabled the rotation of senior staff to manage the on-call system 24 hours a day. One person said "I have a book with emergency numbers. I have only used it once and left a message." People and staff were able to contact senior members of staff by using the updated on-call system.

There was an infection control process in place at the service. Staff understood how to reduce the risk of infection. The registered manager had supplies of personal protective equipment. Staff used gloves and

aprons and followed the infection control processes to reduce the risk of infection.

The registered manager had reviewed and updated their safeguarding procedures. The provider's safeguarding procedures gave staff guidance to reduce the risks of harm and abuse. Staff completed training in safeguarding which helped to improve their understanding of abuse. The registered manager understood how to report any concerns of abuse to the local authority for investigation. There were no new incidents of an allegation of abuse recorded at this inspection.

The registered manager followed recruitment processes to ensure newly employed staff were suitable to work with people. The registered manager carried out pre-employment checks on staff. Staff provided copies of their personal identification and right to work in the UK. There were two recent job references that were verified and each member of staff had a criminal records check completed with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Each staff record contained all information and documents in relation to the recruitment and job application process.

There were enough staff available to support people safely. The staff rota showed that each care visit was covered by enough staff. People were visited by regular care staff. People said they had developed relationships with their care worker and preferred having the same staff visit them. We reviewed the staff rota and this demonstrated sufficient staff were deployed to keep people safe.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. The registered manager provided support to staff. Staff had access to training, supervision and an appraisal. Staff completed training during their employment. Staff training included safeguarding adults, medicines administration, basic life support and food hygiene. Staff had the opportunity to reflect on their role within the service. Staff benefitted from regular supervision and an annual appraisal. These meetings allowed staff to review their daily practice, and their individual professional development needs within the year. Additional training was made available for staff when this need was identified. For example, when a person had a new piece of equipment staff were offered training its use. This helped staff familiarise themselves with the equipment so people were cared for safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that no people were supported within the framework of the MCA. There were no applications that had been made to the Court of Protection.

Staff had developed their knowledge through MCA training. People had the mental capacity and ability to make decisions for themselves. People were also able to provide consent to receive care and support. We received feedback from people that staff asked for their consent before providing care. A person said, "Yes they do." Two relatives also told us, "Yeah I have seen them do it. They tell [my family member] what they are going to do before they do it" and "Yes they always speak to [my family member] in a way they understand the [care worker]."

People had access to health care support when their care needs changed. Staff had the ability to recognise when the person they cared for became unwell. People we spoke with confirmed staff supported them to access appropriate support. A person said "Yes with me. I usually ask for one to help me." A relative said, "Normally all the nurses, doctors come to [my family member]. The carers get the medication from the pharmacy." Care staff contacted the office based staff to access support for people when this was needed. We saw evidence of where staff had contacted health care services for advice and support. We saw a local occupational therapist (OT) had supported care workers to manage a person's mobility needs when these had changed. Guidelines provided by the OT were included in this person's care records.

People had food and drink which met their needs, their choices and preferences. Staff prepared meals for people and shopped for them. People said staff supported them with meals which they enjoyed and requested from staff. A person using the service and a relative told us "Yes, they do. They make sure [my

family member] has fluids. They prepare food and help her three times a day" and "Yes they did [support with meals]."

Good

Is the service caring?

Our findings

Staff treated people with kindness and were caring. People and their relatives commented on how staff treated them with dignity and respect, including when being supported with personal care. Comments included, "I don't know how long [my relative] has been with the company, but I do believe [my relative] is happy", "[My relative] had been with the company three or four years. When it is running smoothly [my relative] is fine", "Yeah, we get on reasonably well", "Yes, I do believe. They are very careful and make sure [my relative] is alright" and "Yes [my relative] is alright with them." People were complementary about the care workers that visited them and provided their care and support. One person said," There is [care worker], and they are nice."

People were supported by staff that protected their dignity and privacy. People said staff were mindful of carrying out their personal care in the privacy of the bathroom or bedroom. Staff ensured people's care was carried out in a dignified way so people remained comfortable whilst receiving care. Although we did not make home visits to people during this inspection, our discussions with staff showed they understood people they supported well.

Each person had their care and support needs assessed. Each person had a plan of care in place following an initial assessment. People were involved at each stage of the assessment and in the development of the care plan. Plans detailed the support people required on each care visit. Care records also included people's health care and cultural needs. This information was available to staff so there was a greater understanding of the person's total care and support needs. Staff reviewed people's needs regularly with people or their relatives. Care plans were signed in agreement to the planned care and people were provided with a copy. People we spoke with confirmed they had received a copy of their care plan.

On each visit staff recorded the support they provided. Each person had a folder that was left in the home. These records contained an electronic tag. This was used by care workers to log in and out when they entered a person's home and when they left. Care workers completed care logs. This recorded the practical support staff provided for people in line with the requirements of the care plan. People confirmed this and said, "There is a folder and they use it to write in it", "Yeah, they do. The book has a swipe that they swipe their phone over with" and "They write down exactly what they do, they use it and after a while they take it into the office and start again." Any additional information was written when a care worker had completed a task that was not on the assessed care package. For example, if a care worker had completed shopping. This enabled office based staff to review the care and whether staff were following the care plan and if additional time was required to provide appropriate care.

People were encouraged to be as independent as able. Staff supported people to take part in accessing their local community. When people needed additional support with accessing social events staff enabled them to do this. Care visits were altered so care workers could support the person to attend an appointment or social activity. One person said, "[The care worker] comes at times agreed, morning and afternoon for one hour each time. In the morning there is two of them." One relative told us that staff had supported their relative to attend a social event which helped the person maintain their links in their local community.

Good

Is the service responsive?

Our findings

At the last inspection on 12 January 2018, we found that the provider did not meet all the regulations we inspected. We found that people's care records did not always contain details about their lives. Staff had not included people's, likes, dislikes, interests and preferences in their care plans. We also found staff guidance on how people wanted to be cared for was not recorded. So, people's needs and care records were not personalised.

At this inspection, we found action had been taken to improve the quality of care records to ensure these were person centred. After the last inspection the registered manager reviewed their assessment records and sent us an updated version. When we visited we reviewed people's care records and looked at whether they included people's care and support needs as well as their preferences for care. We noted these now contained detailed information which explored people's holistic needs. For example, a person's care record detailed the frequency of care visits, including the days and times and the individual care needs of the person. It also detailed the practical support relatives completed for the person for example shopping or other domestic tasks. People's hobbies, past employment, interests and social networks were also recorded so staff had information about what people enjoyed doing with their time. We saw another care record that had details on how staff promoted a person's wellbeing. The information described how a person using the service preferred listening to people read to them and enjoyed hand massages. This information helped staff understand their care needs and their likes, dislikes and how people enjoyed spending their time.

People were supported to maintain their cultural and religious practices. Some people enjoyed going out in their local community to attend day centres and visiting friends and relatives. Staff would accompany people to the day centre and provide support to them during their visit. Staff supported people to attend religious services so they could continue to practice their religion. Some people wanted to maintain their relationships with people and activities that mattered to them and staff facilitated this in line with people's choices.

People's private information was recorded in line with the Accessible Information Standard (AIS), for example; providing documents using large print books to ensure these were accessible. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. We saw care records were written in a format that people could use and access. For example, we saw a care record was written in an easy read format that included signs and symbols which people were familiar with.

The provider had a complaints procedure in place at the service. Each person was provided with a copy of the complaints process for their use to make a complaint about any aspect of their care. People said they discussed any concerns they had with staff or the service. People said they would call the office if they wanted to make a complaint. During our conversations with people, a person shared a complaint about the quality of care their relative received. The registered manager was made aware of this and was investigating the concerns. There had been no formal complaints since the last inspection.

Care records did not address end of life care. People who required a service did not require any support with

palliative care. Staff had completed training in end of life care and how to ensure a person's wishes and needs were carried out. Each person's care record contained details of relatives and health and social care professionals who would be contacted at the end of life.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 12 January 2018, we found that the provider did not meet all the regulations we inspected. We found audits were not robust enough for staff to identify and act on areas of concern. We found little evidence of learning from events or of effective action taken to improve safety. Care worker log books were not returned to the office for quality checking and we found other records used for the monitoring of the service were not readily available.

We found some action had been taken to meet the regulations. However, there were still further improvements required.

There were established systems and processes in place to assess, monitor, review and improve the quality of the service. The registered manager had completed audits of the service. The outcome of the service showed that in all areas reviewed a score of 100% was achieved. This included the quality of medicine administration records (MAR) and in the recording and monitoring of late and missed calls. These audits did not identify the issues we found. We found errors in the quality of each MAR we reviewed. We also found the tracker system to monitor missed and late visits contained flaws because care visits were not correctly recorded. The registered manager informed us that action had been taken to audit all MARs and make corrections where necessary. They had also contacted the company who managed the tracker system to discuss the faults found and act to rectify them, after the inspection.

Staff ensured log books used for recording care delivery were returned to the office. The care logs showed that staff recorded the care and support that was provided to people. These were reviewed by office based staff to check their quality and to ensure care workers were providing the appropriate care to people. Each month staff collected and returned the completed care logs to the office for auditing.

The registered manager contacted people for their feedback of the service by home visits, phone calls and questionnaires. Office based staff contacted people on a regular basis. Staff asked people their opinions on the service and whether the care and support received was appropriate and met their current needs. From the feedback we saw people said they were happy with the care and support they received. People's feedback was recorded and held on people's care records. People and their relatives said office based staff visited them for a care review. People said they felt the quality of care was of a good standard, comments included, "For [my relative's needs] and my requirements they are doing the best they can", and "They have done incredibly well."

We received mixed views about how the service was managed. People shared their comments, "I think there is a definitive and total lack of communication within the organisation. Carers feel it is not important to let the company know they won't go to a client's house, but they call the client to tell them and not the company. The company also does not ring to say someone else is coming which only confirms they do not know what their carers are doing" and "Wish they (management) would be more honest on 'taking holidays'. This is not fair to us."

We shared people's feedback with the registered manager and asked them to investigate these concerns. The registered manager provided an explanation for some of the concerns and investigated some of the other concerns we shared with them.

The registered manager met with staff on a regular basis. Each month a staff team meeting was arranged. The registered manager, care workers and office based staff attended the meetings. This forum enabled discussion with staff about training or caring issues. Staff were encouraged to share information and ideas with each other and to get advice if needed. Meeting minutes were made available to staff that were unable to attend.

Health, social care services and staff had developed good working relationships. Staff attended regular meetings with the commissioning organisation so they could share information and discuss any operational issues together. The registered manager said they could provide people using the service with health and social care advice and guidance promptly.