

Community Links Derby CIC

Community Links

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

About the service

Community Links is a domiciliary care service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service specialises in caring for adults with complex health needs, including learning disabilities or autistic spectrum disorder and sensory impairment. Community Links were supporting two people at the time of our inspection and were in the transition process to provide care for three more people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Staff supported people with activities that they wanted to do which allowed them to have choice and control over their lives and enjoy a full life. People's families were engaged with by staff and management to plan support and activities.

Staff enabled people to access specialist health and social care support in the community and people were supported to play an active role in maintaining their own health and wellbeing.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities and pursue interests that were tailored to them.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff.

Staffing was consistent, which supported people to receive care from staff who knew them well. This meant people received compassionate and empowering care which was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 2 November 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Community Links

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Community Links is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave 48 hours' notice of the inspection. This was because we wanted to make sure that the manager was in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority care commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives of people using the service, two care staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs a person may be at risk of avoidable harm.
- Relatives told us they felt their family members were well cared for and kept safe. They felt staff were knowledgeable and well trained.
- Staff told us they had received safeguarding training and they were aware of how to report concerns about people's safety.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Care plans and risks assessments were in place, however there was no evidence of the documents being reviewed. After the inspection the registered manager shared an update which prompted regular reviews of all documents.
- The risks to people's safety had been recorded during people's initial assessment prior to them starting to receive personal care. Records showed some of the risks identified had resulted in detailed care plans and risk assessments added to each person's records. This included information on their home environment.

Staffing and recruitment

- Staff were recruited safely; the registered manager provided us proof of ID, criminal record checks and information relating to the recruitment process.
- Staffing hours were calculated according to people's support needs. The manager calculated the hours of support required by people which ensured they had enough staff and this was reviewed as needs changed.
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding, and staff told us the training was excellent.

Using medicines safely

- Best practice guidance in the management of medicines was followed. Records showed there were audits carried out on the way people's medicines were managed. As part of this audit the manager checked for any errors in people's medication administration records and how staff managed people's medicines. However, there were not effective recording systems in place to document all checks which were taking place. After the inspection the registered manager sent updated records which they had implemented to ensure that all medicines management was recorded.
- Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way and when needed.

- There was detailed information in medicines records regarding giving medication covertly. This is when medicine is given in food or liquid and approved by the GP or pharmacist.

Preventing and controlling infection

- Staff had been provided with specialist infection control training; this included the correct use of personal protective equipment (PPE).
- Staff told us they had enough PPE and always had enough stock to ensure they could change as regularly as they needed to.

Learning Lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
- The manager had taken steps to obtain feedback from staff and was in regular contact with family members. There was a culture of openness and the management were receptive to the feedback given at the inspection and keen to maintain standards and improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of the principals of the Mental Capacity Act. At the time of our inspection people using the service lived with their families who made decisions regarding their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed and discussed with their family members. Management were in regular contact with families to ensure the service remained appropriate as needs changed.
- Relatives informed us they had helped to give insight into individual preferences. Available information from professionals involved, or from hospital information was incorporated into care plans.
- Staff told us they ensured that people had choice, one staff member said, "[Name] makes it very clear if they don't want to do something, so we stop."

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure they had the skills and experience to effectively support people.
- One staff member told us, "We have training to meet people's needs [name] has a lot of seizures and we have training in epilepsy and administering the medication for seizures."
- Staff felt well supported, had informal supervisions with management and relatives told us they were professional and skilled. The registered manager was putting more formal supervisions in place for the staff.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.

- One staff member told us that one person they supported was inclined to choose the same unhealthy options, but they worked to encourage healthy choices where possible.
- Care plans reflected any specific guidance about health care needs and this was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.
- When changes in condition were observed, staff spoke with families and management. There were healthcare professionals who were regularly involved in peoples care when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy. We saw one care plan talking about engaging in a swimming activity. The person had a towel robe so that if they had to leave the pool for any reason they could wear it and change at home.
- Staff told us they were very aware of dignity and respect. When they gave someone personal care they ensured the door and the blinds were closed and also that there was a dressing gown handy in case the person did not want to dress immediately.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, respect and kindness. One relative told us, "They do know what [name] enjoys and what [name] likes to do and the management are very approachable and happy to speak about anything, they do check on how [name] is being cared for and ensure that things are right.
- Records included information about people's preferred name and important details.
- People were supported to live a full life and take part in activities and outings they enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- Relatives confirmed they were involved in decisions about care, from planning to delivery. We could see that care planning was person centred, holistic and planned around the needs and preferences of the person.
- Staff told us they delivered care as the person requested. Staff felt they had forged good relationships and knew the people they supported and treated them as individuals with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences. Staff told us how they supported people to enjoy activities they wanted to do and how they had found ways to effectively communicate with people so they could have choice and control.
- Relatives told us they had confidence in the service. One relative told us, "[name] is kept safe and well and does activities [name] enjoys, when [name] wants to."

Meeting people's communication needs

Since 2016 onwards all organisations provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and staff had developed different ways of communicating in a way people could understand.
- The registered manager told us that people who are non-verbal have an expressive and receptive communication chart. One person used some signs and staff understood what they were saying.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities are socially and culturally relevant to them

- People using the service lived with their families and staff and management had a good relationship with the family as well as the person being supported.
- The staff and registered manager were happy to support in any activity which people enjoyed and which were socially and culturally relevant.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The manager had regular contact with relatives and listened to anything they were unhappy about and worked to resolve any issues.
- People told us if they had a complaint or concern, they would be happy to report it and felt confident it would be resolved.

End of life care and support

- The provider was knowledgeable about end of life care planning but there were no plans in place at the time of the inspection.

- The provider told us that they would be developing support plans for end of life care relevant to people's needs but accepting that relatives may not wished to be engaged because of the nature of the service and the age of those using it.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager aimed to promote a positive culture and encouraged feedback regarding all aspects of care and support.
- One relative said, "Management visit regularly to see how things are going and to discuss ongoing care, they are approachable and keep [name] safe and they go on outings [name] enjoys."
- We found the staff very knowledgeable about people's need and preferences and worked hard to ensure they were delivering a service which engaged people and delivered holistic support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had submitted notifications regarding incidents they were required by law to tell us about. The registered manager had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.
- The provider ensured people were kept informed and apologised if errors occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was very clear about their commitments to making improvements to the service. This was with particular reference to management oversight and recording. After the inspection we received updated documents and new monitoring tools to ensure they could improve the service and identify any weak areas.
- There were systems in place to monitor areas of the service but this required effective recording which the registered manager has now developed.
- The provider made sure people received good care and support by supporting the staff team and having regular contact with people using the service and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service had full assessments prior to using the service with family involvement to ensure their needs could be met and the service was right for them.
- People were engaged in activities they liked to be involved in. One relative told us they had requested regular walks to have exercise and manage weight and this was a regular activity.

- Staff told us they felt well supported with regular support from management.

Continuous learning and improving care

- There was a clear focus on continuous learning from staff and management.
- The provider listened to and acted upon the feedback from the inspection. The manager and staff were keen to engage in developing the service further with a focus on person centred holistic care. Staff were passionate about the service and it was clear they genuinely loved their jobs and enjoyed making a difference to the lives of people living at the service.
- The manager was open to suggestions and were keen to ensure people received a high standard of care and support. We spoke to relatives on the day of the inspection by phone, the key theme was how well people were cared for and how amazing the staff were.

Working in partnership with others

- The service had a good relationship with health professionals who supported them with the health needs of those using the service.
- We found evidence in care planning where referrals had been made to specialists including doctors and dentists to ensure people received medical attention in a timely manner.