

## Positive Care Link

# Positive Care Link

### Inspection report

Oxford House  
Derbyshire Street  
London  
E2 6HG

Tel: 02077296500

Date of inspection visit:  
23 December 2019

Date of publication:  
11 February 2020

### 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

Positive Care Link is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the provider was supporting four people. 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.

### People's experience of using this service

The provider had suitable systems to minimise the risk of abuse and risks to people's health and safety were adequately managed. There were enough care staff scheduled to care for people. The provider conducted appropriate pre-employment checks to ensure candidates were safe to work with people. The provider had appropriate policies and procedures in medicines management and accident and incident to assist staff.

People's health and nutritional needs were understood and met. People had access to healthcare services as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans covered the full range of people's needs and staff knew how to communicate with people. People's privacy and dignity was respected and promoted. People were involved in making decisions about their care and were encouraged to maintain their independent living skills.

People's needs were assessed before they started using the service and care was delivered in line with current guidelines. The provider had a clear end of life and complaints policy and procedure in place. People's relatives told us they felt comfortable raising a complaint if needed.

The provider engaged with people, their relatives and staff to obtain their views. The registered manager understood her key responsibilities and ensured an open and honest culture within the service. All staff understood and fulfilled their roles. The provider assessed the quality of the service and took reasonable action to improve the quality of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was requires improvement (published 1 January 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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.

# Positive Care Link

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 the registered manager and another senior member of staff within the service.

We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including quality monitoring documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We spoke with two people, one relative of a person using the service and two care workers over the telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider ensured there sufficient staff were scheduled to work with people. At our previous inspection we found there were no clear plans or processes to capture missed or late visits. At this inspection we found the provider was effectively monitoring visits through their Electronic Call Monitoring system (ECM). This alerted the provider to when the care worker started their care call and when they finished. The provider tracked this electronic data and made enquiries if a care worker did not use this system to log in their visit.
- The registered manager confirmed that people's level of need was identified when conducting the initial assessment. Thereafter, they ensured enough care workers were sent to provide people with support. For example, we saw one person's care record clarified that they required two care workers at each visit.
- People's relatives told us enough care workers were sent for an appropriate length of time to provide care. One relative told us, "They seem to have enough time to do their work."
- The provider ensured staff were safe to work with people as they conducted appropriate pre- employment checks. Both staff files we reviewed contained evidence of people's right to work in the UK, a full employment history and two references as well as criminal record checks.

### Using medicines safely

- People's medicines were managed safely. At our previous inspection we found people's Medicines Administration Record Charts (MARs) were not always fully filled in. At this inspection we found people's MAR charts were fully completed. People had clear medicines care plans in place which stated the medicines they were required to take, the dosage and the level of support they required.
- Care workers received training to administer medicines safely and understood their responsibilities in this area. One care worker told us, "We have training and know we're supposed to record everything we give."
- The provider also had a clear medicines administration policy and procedure in place which stipulated the provider's responsibilities.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People told us they felt safe with their care workers. One person told us, "Yes- I feel safe with them."
- Care workers had received appropriate training in safeguarding adults and understood their responsibilities to recognise and report concerns. One care worker told us, "We observe what's going on and would report anything wrong to the manager."
- There had been no safeguarding incidents since our previous inspection and the provider had a clear safeguarding policy and procedure in place. Care workers told us they knew about this and confirmed they would refer to this if needed.

### Assessing risk, safety monitoring and management

- The provider took reasonable action to mitigate risks to people's care. People had clear risk assessments in place which stipulated the type and level of risk to people's health and safety along with guidance for care staff in how they were supposed to mitigate this. For example, we saw one person was at risk of pressure sores. Their risk assessment advised staff to apply a specific barrier cream on the areas that were at risk, ensure they were turned and their pad was changed at each visit.
- The provider conducted an environmental risk assessment of people's homes to identify any risks both inside and outside the property. The risk assessments we saw did not identify any concerns, but the registered manager confirmed they would take appropriate action if any were found.
- Care workers understood the risks involved in providing people with care. Care workers confirmed they read people's risk assessments and gave us examples of actions they took to keep people safe. For example, one care worker told us, "You have to have a keen eye on equipment like hoists, because people can fall out if you're not careful."

### Preventing and controlling infection

- The provider took appropriate action to help prevent the spread of infection. People's relatives gave good feedback about care workers and told us they cleaned and tidied as they conducted their work.
- Care workers received infection control training every year and gave us good examples of how they provided hygienic care. One care worker told us, "We wear PPE [Personal Protective Equipment] and wash our hands before, after and during our work."
- The provider had a clear infection control policy and procedure in place which outlined the provider's responsibility. People's care plans also contained reminders to staff to wear gloves and aprons in the course of their work.

### Learning lessons when things go wrong

- The provider understood their responsibility to learn lessons when things went wrong. There had been no accidents or incidents since our last inspection, however, the registered manager understood the importance of investigating and reporting incidents.
- Care workers also confirmed they had not had any accidents in the course of their work, but they knew their responsibility was to report any accidents or incidents that occurred. One care worker told us "You need to report things and then they will get investigated."
- The provider had a clear accident and incident policy and procedure in place which stipulated the provider's responsibilities. Care workers knew about this document and told us they would refer to this if needed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider conducted appropriate assessments into people's needs and choices on an ongoing basis to ensure their care plans reflected their current needs. We saw assessments in areas such as people's moving and handling needs, any pressure areas as well as their dietary needs among others. These were reviewed every six months to ensure people's needs had not changed and as part of the review, people were asked whether their preferences had changed in any area. The care plans we reviewed did not include any significant changes.
- The provider ensured care was provided in line with current standards and the law. Care staff confirmed they received appropriate, up to date training and the provider updated their policies and procedures annually to ensure they were current.

Staff support: induction, training, skills and experience

- The provider supported staff to meet people's needs. Care workers confirmed they had received an induction to the service before they started work. Care workers inductions followed the principles of the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers confirmed they received regular supervisions and appraisals and records confirmed this. Staff files contained 'supervision schedules', which contained dates for upcoming supervisions. We saw staff were receiving these every four months. Staff members also had appraisal forms within their files, which included discussions related to staff performance, any targets as well as ongoing training and development.
- Care workers confirmed they received appropriate training to conduct their roles. Records demonstrated that care workers had received training in mandatory subjects such as safeguarding adults every year and care workers confirmed they could request more training if needed. One care worker told us, "We get a lot of training- sometimes every month."

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported people to meet their nutritional needs. People had comprehensive nutrition care plans in place which included details of their current needs as well as the history of their needs. For example, we read one person was required to have a soft food diet after their discharge from hospital, but thereafter, were able to eat a normal diet.
- People's care plans also contained details of their likes and dislikes in relation to food as well as what physical support they needed to eat. For example, we read one person needed physical support as they were unable to hold cutlery.
- Care workers understood people's particular needs as well as their preferences in relation to their food.

One care worker gave us examples of the dietary preferences of each of the people they supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked effectively with other agencies when needed. We saw evidence of communications with other professionals including social workers and GPs which demonstrated good joint working to meet people's needs.
- The provider gave people appropriate support with their healthcare needs. We saw people's care records included details about their current health conditions as well as the history of their needs and how they progressed. People's care plans included advice for care workers in how they could support people with their health conditions as well as how these effected their needs.
- Care workers had a good understanding about people's health conditions and how this effected the level of support they required.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found the provider was doing so.

- At the time of our inspection all people using the service had capacity to consent to their care. We saw the provider completed mental capacity assessments as part of their initial assessments to determine whether people had capacity to consent to their care.
- Care workers had received training in DoLS and the MCA and demonstrated a good understanding of the issues involved. They confirmed they requested people's consent before they provided anyone with care and acted in accordance with people's wishes.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us their family members were well treated and supported. Their comments included, "They are very kind and caring. They are nice people" and "The carers are spectacular and they do their job really well."
- The provider respected people's equality and diversity and supported their needs. People's care records contained details about their ethnicity and whether they had any particular needs. At the time of our inspection nobody had expressed any particular needs in this area.
- Care workers demonstrated a good understanding about the importance of supporting people to meet their diverse needs. One care worker told us, "If anyone's religious, we respect their views and don't do anything against that."

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

- The provider supported people to express their views and to be involved in making decisions about their care. People's care plans contained information about their particular needs and these details had been sought directly from people as well as their family members. People's relatives confirmed their family members had been consulted in relation to their care needs. One relative told us "They asked the family and [my family member] a lot of questions in the beginning and wrote everything down."
- People's care plans contained numerous examples of personalised detail about people's preferences in relation to their care. This included their preferences in relation to their routines, their food and activities they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- The provider respected and promoted people's privacy and their dignity. People's relatives confirmed care workers were respectful. One relative told us, "They're very polite and respectful." Care workers gave us examples of how they supported people in a dignified way, especially when giving personal care. One care worker told us they ensured "curtains are closed and the door is closed."
- The provider supported people to be as independent as they wanted to be. People's care records contained clear information about what they were able to do for themselves as well as the level of support they required. Care workers understood the level of support each person needed and gave us examples of how they supported people to be more independent. One care worker told us, "We encourage people to do what they can for themselves."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider planned people's care to ensure they had choice and control. People's care records included the initial referral from the local authority which included their assessments of people's needs. Before people started using the service, the provider conducted their own assessments in relation to different areas of people's physical and mental health needs.
- People's care plans included personalised information about their needs and preferences with regard to their personal care routines and their sleeping patterns along with other information. Other personalised information was also included in relation to people's home lives as well as their family history.
- Care workers understood people's particular needs and gave us examples of how they met these. For example, one care worker knew about one person's favourite food and beverages as well as the times they liked to have these.

Meeting people's communication needs

Since 2016 onwards all organisations that 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.

- The provider took reasonable action to meet people's communication needs. People's care records included information about their communication needs as well as advice for care workers. For example, we read that one person's health condition had affected their ability to verbally communicate their needs, although they were able to read and understand care workers fully. Their care plan therefore advised care workers to give the person time while they expressed their needs.
- The registered manager confirmed that she was aware of the requirements of the AIS, but at the time of our inspection, nobody using the service required their information to be available to them in other formats. The registered manager said she reviewed people's needs at each six month review and if people's needs changed in this area, she would provide them with information in a format to suit their needs.

Improving care quality in response to complaints or concerns

- The provider understood their responsibility to investigate and respond to complaints. At the time of our inspection there had been no complaints, but the registered manager confirmed that if any were received she would take timely action to resolve these to people's satisfaction.
- The provider had a clear complaints policy and procedure in place which stipulated the provider's responsibility to acknowledge and investigate complaints within an agreed timeframe. People confirmed they did not have any complaints about the service, but they would report any concerns to the registered manager if needed.

#### End of life care and support

- The provider understood their responsibility to provide appropriate care to people at the end of their lives if needed. At the time of our inspection nobody using the service was receiving end of life care. The registered manager confirmed they would continue providing a service to people if they were reaching the end of their lives and they would seek further guidance from them if needed.
- The provider had an end of life policy and procedure in place which contained detailed information to guide staff in this area.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- At our previous inspection we found the provider's auditing systems were not robust enough and did not identify the concerns we found. At this inspection we found the provider took appropriate action to improve the quality of care. The registered manager reviewed contemporaneous notes made by care workers of the care provided along with people's MAR charts every month. She told us she would query any discrepancies with the care workers involved directly.
- The provider completed an annual spot check, a telephone monitoring conversation and a home visit every year for each person using the service. We reviewed these records and found they did not identify any concerns.

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

- People's relatives and staff gave good feedback about the service. Staff told us they liked working for the provider and felt their views were taken into account. One care worker said the registered manager was "Very, very supportive. If there are issues she will take action straight away." People's relatives also told us their family members received a good service. One relative told us, "It is a high-quality service. My [family member] has been doing well since they started [providing care]."
- The registered manager ensured morale was high through having regular contact with care workers both informally and formally. Care workers told us she acted appropriately to their feedback. One care worker told us, "She is very easy to talk to and if you ask her for something, she will do her best for you."

### 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 was aware of their duty of candour responsibilities. At the time of our inspection, there had been no reportable incidents. However, the registered manager demonstrated a good understanding of her responsibility to report incidents to the CQC as well as other relevant agencies. Care workers were also aware of their responsibility to report concerns to the registered manager.

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

- Staff were aware of their roles and responsibilities within the service and towards the people they cared for. The registered manager was aware of her responsibility to assess quality and risks as well as regulatory requirements and took appropriate action to meet these requirements when needed.

- Care workers understood their duties. They gave us examples of their roles and told us these were also made clear to them when they started working for the service. We reviewed the provider's job descriptions and saw these confirmed care workers' understanding of their roles.

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

- The provider engaged and involved people, their relatives and staff. People were sent questionnaires every year to determine whether they were satisfied with the quality of care. We reviewed the questionnaires that had been returned in 2019 and saw these were positive.
- Care workers confirmed their views were sought. They attended regular team meetings at the office as well as supervision sessions. Care workers told us they felt comfortable speaking at these times but would contact the manager at any time if they needed to.

Working in partnership with others

- The provider worked in partnership with other agencies as required. We saw evidence of communications with a range of health and social care professionals in people's care records, including social workers and GPs.