

Carelink Community Services Ltd

Carelink Community Services

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

The inspection took place on 10 June 2016. We gave the service a few days' notice to ensure someone would be in the office to facilitate the inspection. The service was last inspected in February 2014 when they were meeting all regulations reviewed.

Carelink Community Service Ltd is a private domiciliary care agency which is currently providing care and domestic services for people in their own home. The agency operates from a residential house in the Heaton area of Bolton.

There was a registered manager at the service. 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.

The service had a robust recruitment process to help ensure new employees were suitable for their role.

Appropriate individual and environmental risk assessments were in place and were reviewed and updated regularly.

There were appropriate safeguarding processes and staff were aware of how to report concerns. There was also a system for reporting accidents and incidents.

Staff undertook a thorough induction programme before commencing work and training was on-going and included refresher courses for mandatory training. Supervisions were undertaken regularly and appraisals undertaken annually.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). People who used the service were encouraged to be as independent as possible. People's human rights, dignity and privacy were promoted.

Information was produced for people who used the service and their relatives.

The care plan we looked at was person-centred and included personal preferences, wishes and needs. We saw that people were supported to pursue their own interests and hobbies.

There was an appropriate complaints policy which was clearly outlined within the service user guide.

Spot checks were regularly carried out on staff to ensure they were carrying out their duties appropriately.

Service user satisfaction surveys were sent out regularly to help ensure the quality and continual

improvement of care delivery.

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.

There was a robust recruitment process.

Appropriate individual and environmental risk assessments were in place.

There were appropriate safeguarding processes and staff were aware of how to report concerns.

Is the service effective?

Good ●

The service was effective.

Staff undertook a thorough induction programme before commencing work.

Training was on-going and included refresher courses for mandatory training. Supervisions and appraisals were undertaken regularly.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good ●

The service was caring.

People who used the service were encouraged to be as independent as possible. People's human rights, dignity and privacy were promoted.

Information was produced for people who used the service and their relatives.

Is the service responsive?

Good ●

The service was responsive.

The care plan we looked at was person-centred and included personal preferences, wishes and needs.

People were supported to pursue their own interests and hobbies.

There was an appropriate complaints policy which was clearly outlined within the service user guide.

Is the service well-led?

The service was well-led.

There were systems in place to analyse incidents and accidents.

Staff supervisions, appraisals and meetings took place on a regular basis.

Service user satisfaction surveys were sent out regularly to help ensure the quality and continual improvement of care delivery.

Good ●

Carelink Community Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 June 2016 and was announced. We gave the service a few days' notice as the location provides a domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we looked at the information we hold about the service, such as notifications sent to us.

As part of the inspection we spoke with one member of staff and the person currently receiving a service. We looked at this person's care plan and one staff file. WE also reviewed other records held by the service including meeting minutes, supervision notes and training records.

Is the service safe?

Our findings

We saw that appropriate individual risk assessments were in place with regard to areas such as personal care, nutrition, moving and handling and mental health. Environmental risk assessments were also in place. Records showed that all risk assessments were regularly reviewed and updated to ensure they were current. We saw that there were also risk assessments in place to help ensure the safety and well-being of the staff, for example, relating to how staff should deal with any verbal or physical abuse directed to them from a person who used the service.

There were policies in place relating to medicines administration and training was given to all staff. At present the person receiving personal care from the service was able to self-medicate so there were no medicines records to look at.

The service had appropriate arrangements in place to safeguarding people from abuse or poor care and treatment. These included a vulnerable adults' policy and guidance for staff. Safeguarding training was given to staff as they commenced their employment and updated as required. We spoke with a member of staff who was aware of issues relating to safeguarding and how to report any concerns.

The service had a mechanism in place for recording any accidents or incidents. These were analysed to look for any common patterns or trends. Training was given to staff with regard to accident and incident reporting, and health and safety issues.

There was a business plan in place at the service. This was in order contingency plans were in place in the event of an emergency situation.

The service had a robust recruitment procedure in place to ensure staff were recruited safely. We looked at a staff file which included an application form, offer letter, contract of employment, proof of identity and references. Disclosure and Barring Service (DBS) checks were carried out on new employees to help ensure their suitability to work with vulnerable adults.

Is the service effective?

Our findings

We looked at the care file for the person currently receiving personal care from the service. This included a range of health and personal information to help staff deliver care and support appropriately. There were support plans, risk assessments and daily record sheets. The daily record sheets outlined the personal care and support given and activities undertaken by the person who used the service. These records were comprehensive and up to date.

We saw from the records that consent was sought from the person who used the service, in relation to care and support delivered. The individual had signed reviews of support and daily communication sheets as evidence of agreement to their on-going support.

Staff were required to undertake a comprehensive in-house induction programme prior to starting work. This included all mandatory training, such as moving and handling and safeguarding vulnerable adults. New employees were then required to shadow a more experienced member of staff prior to beginning work with people who used the service. We spoke with a member of staff who felt the induction and training had been sufficient to enable them to do their job. They told us refresher and further training was offered as appropriate.

We saw from staff records that supervisions were undertaken on a regular basis, around three to six monthly, which staff confirmed. A new set of policies was being used by the service and we saw that these were appropriate to the service and included current guidance and good practice. The registered manager told us that they regularly sent out policies to staff with their wage slips. These were to be read and signed for so that staff were aware of current practice and any changes to policies. Staff also had annual appraisals. This helped ensure their training was up to date and they were supported to do their jobs efficiently.

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.

We checked whether the service was working within the principles of the MCA. There was a policy and procedure which was accessible for staff to read and follow. The registered manager told us that they would arrange MCA training for all staff in the near future to ensure they were all fully aware of the principles of the Act.

Is the service caring?

Our findings

We tried on several occasions to speak with the person who was currently receiving personal care from the service, but were unable to contact them. However, twice yearly service user feedback forms evidenced their satisfaction with all aspects of care delivery from the service.

The service produced a service user guide/handbook which was given to people who wished to use the service, or their relatives if appropriate. This included information about the service provision, choice, confidentiality, dignity and discretion. It also outlined the service's aim to support people to fulfil their aspirations and there were details of reviews, quality assurance, fees, terms and conditions and risk management. We saw that the guide was a little out of date with some of the contact addresses and numbers and we spoke with the registered manager about this. They agreed to produce an updated version immediately.

We saw evidence of the involvement of the person who used the service in their care planning, reviews and updates to care. The member of staff we spoke with told us they were flexible in the care provision, changing the times of visits to accommodate the person's changing needs and wishes.

The service was pro-active in promoting independence for the people they supported. We saw evidence of how the person currently supported by the service had gained a high level of independence and autonomy since commencing with the service.

There was a policy regarding equality and diversity to help ensure people were treated appropriately and their human rights were respected. Staff were aware of the need for privacy and dignity and supported people with this in mind.

Is the service responsive?

Our findings

We looked at the care plan for the person who currently used the service. This was person-centred and included detailed information about how the person's support should be delivered in line with their strengths, abilities and personal preferences. We saw within the daily records that the individual's support helped promote their independence whilst assisting where required.

The care plan and risk assessment reviews, which took place on a regular basis, had been signed by the person who used the service.

We saw that visits were timed to suit the individual, rather than being at set times. This enabled them to pursue their interests and hobbies. We also noted that the individual asked for the visit times to be changed when he was tired and did not wish to get up early. This was facilitated by the service and demonstrated their flexibility with regard to care delivery.

The person currently receiving the service followed a number of pursuits, including attending courses, going to the gym and teaching other people with particular disabilities how to reach their potential. It was clear from the records and from speaking with the registered manager and staff that the person's health and well-being had improved significantly in the time that they had been receiving the service. This demonstrated that the service were proactive in helping people reach their potential and achieve their goals.

Staff at the service wore uniform T shirts at work. However, the registered manager told us that the individual who used the service had requested that his carers attend in their own clothes, so that it was not obvious to others that they were in receipt of care services. This request had been acted on, which meant that this person's wishes, pride and dignity were taken into account.

There was a complaints policy in place which was clearly outlined within the service user guide. The service had not received any formal complaints and the registered manager told us they endeavoured to address any concerns as quickly as possible.

Is the service well-led?

Our findings

We spoke with one staff member who told us they felt well supported by the management. They told us they could ring for advice at any time and said that support was given "one million percent". The staff member felt training was appropriate to equip them for their role and said they had no problems working for the service.

Service user feedback was sought every six months via satisfaction surveys and we looked at some of the feedback forms collected by the service. Responses to the questions about care given, carer attitude, time keeping and general service were positive.

Systems were in place to analyse accidents and incidents that may occur. There had been no recent incidents.

Supervisions were held regularly and staff were issued with policies on a monthly basis to ensure they were aware of requirements, duties and changes. Training and personal development was regularly discussed to ensure all skills and knowledge were current and refresher training was up to date. Appraisals were undertaken annually.

Spot checks on staff were undertaken regularly to ensure they were delivering the service as they should and to help identify any training needs. We saw documentation of these checks which was complete and up to date.

We saw minutes of staff meetings which were held on a monthly basis. Issues discussed included welcomes to new staff, communication sheets, time sheets, new business, uniform, smoking policy, training and thank yous.

The service was in regular contact with the local authority to discuss care provision and individual care packages. They also met with other agencies and professionals to maintain good working relationships which in turn helped ensure the best outcome for people who used the service.