

Care Link Northern Limited

# Care Link Northern Limited

## Inspection report

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31 October 2022

02 November 2022

30 November 2022

13 December 2022

22 December 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Care Link Northern Limited is a service registered to provide personal care to people living in their own homes in the Hartlepool area. At the time of our inspection there were 24 people using the service.

Not everyone using Care Link Northern Limited received a regulated activity; CQC only inspects the service being received by people provided with '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 and what we found

The oversight of the operation of the service needed improvement. Due to unrelenting pressures caused by the pandemic and staffing shortages the management team had needed to concentrate on delivering hands on care. They had prioritised this and hoped once the current staffing issues were resolved they could turn their attention to fully completing the records associated with the governance of the service.

People reported they were extremely satisfied with the service. People and relatives said staff always went above and beyond in delivering the care. They described the little extras staff just did as a part of their job. Staff were passionate about providing good care outcomes and took ownership for their practice.

There were enough staff on duty to cover the care packages. Staff reported the rotas were very well organised and enabled them to easily travel to deliver each care package and have enough time to properly support people. An effective recruitment programme was in place.

Medicines management was effective and closely monitored. Staff who administered medicines had the appropriate training.

Staff adhered to COVID-19 regulations and procedures. The registered manager ensured staff had access to ample supplies of PPE and they completed regular spot checks to make sure staff complied with the guidance and best practice.

Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice. 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. Staff took steps to safeguard people and promote their human rights.

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 good (published 24 April 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Link Northern Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Care Link Northern Limited

## 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 Act.

#### Inspection team

An inspector carried out the inspection.

#### Service and service type

Care Link Northern Limited 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 a short period notice of the inspection 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We contacted 5 people who used the service and 3 relatives. We spoke with the office manager and 3 staff members.

We reviewed a range of records, which included 4 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.

# 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager made sure they could always meet people's needs. Due to unrelenting pressures caused by the pandemic and recruitment difficulties the service had experienced staffing shortages. The management team had worked diligently to make sure this had not impacted the care, which included providing the care packages themselves.
- Effective systems were in place to ensure no calls were missed. One person said, "The staff are wonderful and never let me down."
- The provider operated safe recruitment systems that ensured suitable staff were employed. However, there were some gaps such as missing references and a full record to show gaps in employment histories had been fully explored. The management were in the process of ensuring these gaps were addressed.

### Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do and had received appropriate and effective training in this topic area.
- People said staff made sure they were safe and treated with compassion. One person said, "Really the girls are fantastic and there is nothing to complain about."
- Relatives were kept informed of any changes and found the care delivered met people's needs.
- People's medicines were appropriately managed.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to reduce the risk of harm to people and risk management plans provided staff with guidance on the actions to take to reduce any identified risks.
- The management team only accepted care packages when they were confident they could safely meet the person's individual needs.
- The registered manager was committed to driving improvement and learning. Staff responded appropriately when accidents and incidents occurred.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In people's homes this is through a Court of Protection application.

- We found the service was working within the principles of the MCA.

#### Preventing and controlling infection

- Effective systems were in place to mitigate the risk of people and staff catching or spreading infections.



# Is the service well-led?

## Our findings

Well-Led – this means 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 remained requires improvement. This meant the service did not operate in a consistent manner, as the management team had not always been able to show they were overseeing the service.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had governance arrangements in place but due to staffing pressures the registered manager and team had not been able to fully complete the related documents. The management team understood the oversight of the service needed to improve and could outline all the areas where action was needed.
- The office manager discussed how recently they had been reviewing care records to ensure these were up to date, They knew supervision and staff training had gaps so had put measures in place to resolve them alongside re-starting the completion of the audit tools.
- Action plans had not been developed but the registered manager could clearly discuss what steps they were taking to make enhancements to the service and how they were prioritising the work. The plans discussed were realistic and achievable.

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 registered manager was aware of their responsibilities under duty of candour.
- Notifications had been sent to alert the CQC and local authorities when incidents had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff team worked in partnership with people. People told us they had a positive relationship with the registered manager and staff.
- There was a strong culture of promoting quality when delivering the service. Staff were very passionate about providing good care outcomes and understood how to support people to meet their needs.
- The registered manager and team had worked hard to maintain good working relationships with health and social care professionals. These relationships had supported them to deliver effective care and support.