

## The Chester Link

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### 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

We carried out this inspection on 21 September 2018. The inspection was announced. We gave notice because this is a small service and we needed to ensure the registered manager would be available to speak with us.

This service was last inspected in March 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults who have a learning disability. The service is provided in Chester, Cheshire.

There were 15 people receiving regulated activity at the time we carried out our inspection.

There was an experienced registered manager responsible for the day-to-day management of 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.

People told us this was a good service and said they would recommend it.

The staff knew people well and treated them in a kind and caring way. People valued the service they received. There were enough staff to support people. People received support from a small team of staff who they knew. Safe systems were used when new staff were employed to check they were suitable to work in people's homes.

The staff were well trained and skilled to care for people. They knew how to provide people's care safely and to protect people from abuse and harm. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People consented to the care they received and their rights were respected. People's needs were assessed and care was planned and provided to meet their needs.

People knew the registered manager and how they could contact her. The registered manager set high standards and checked the service to ensure these were met.

The registered provider had a procedure for receiving and responding to complaints about the service. They prided themselves on being responsive to any concerns raised before they became complaints.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

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## 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.

This inspection took place on 21 September 2018 and was announced.

We contacted the registered manager of the service on 20 September 2018 to give notice of our visit on 21 September 2018 because this is small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be available to speak with us.

The inspection was carried out by one adult social care inspection manager.

During the inspection we spoke with five people who used the service. We spoke with the registered manager and two support workers. We looked at care records for three people who used the service and recruitment, training and personnel records for three staff. We also looked at records around how the service was managed including quality audits, records of staff meetings and feedback the registered manager had received from people who used the service and their families. We also had some feedback from the local authority.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the agency, including the information in the PIR, before we visited the service. We used the information we held about the service to plan our inspection.

## Is the service safe?

### Our findings

One person told us "I used to have my own flat and that was not good. I'm safe here though. It's my home now."

Risks to people's safety had been identified and we could see that people had been involved in the discussion about the risks and had been consulted regarding what risk reducing actions they were happy to agree to. We could see that risks were considered but the focus was on maximising the person's choices and independence.

People who used the service told us there were enough staff to provide their care. They said they were supported by a small team of staff who they knew. We saw that one person had a pictorial rota so they could see who would be supporting them. The registered manager explained to us how people were involved in choosing which staff could work with them, who they felt happy with and could meet their needs. We were told that another person had requested that the staff who worked with them were of a similar age who liked the same things.

There had been no safeguarding concerns since the last inspection. The staff did understand about safeguarding and had were all trained in what to do if they had concerns about harm and abuse.

Robust checks were carried out before new staff were employed. All new staff had to provide evidence of their good character and were checked against the records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service. The checks completed helped to ensure new staff were suitable to work in people's homes.

The staff had completed training in how to support people to take their medicines. People who required support to take their medicines said the staff helped them as they needed. We looked at a range of medication administration records and saw that these were always completed and that a record was made if for any reason medicine was not administered. We saw that people were involved in the administration of their medicines as much as they could be and that this was detailed in their care plan. For example, one person used the key to unlock their medicine cupboard and then measured out their medicine supported by a staff member so their independence was encouraged.

The registered manager monitored the safety of the service. Where she identified issues, she shared these with the staff team to ensure shared learning to protect people who used the service.

## Is the service effective?

### Our findings

People told us they received a good quality of care and said the staff who provided their support were excellent. One person explained to us that their keyworker had left the service but maintained contact with them via email and occasion visits and they valued this.

We looked at the training that staff were provided with and saw that it was good. We saw that staff received training in all the areas required to work safely in care. We also saw that staff had training in supporting people with specific needs such as mental health problems. The registered manager explained that training was tailored specifically around people's needs so that staff knew how to support people according to their exact needs.

Staff we spoke with told us that they had regular supervision where they could discuss their performance, raise any issues and discuss their training and development needs took place. The staff were also observed whilst providing support to people so the management team in the service could assess their skills and competence. This helped to ensure people continued to receive a good quality of care.

People who required staff to assist them with preparing their meals told us they received the support they required to plan a meal, go out and buy the food and then prepare it. People showed us their menu plans and the service had cook books that were in an accessible format for everyone to use regardless of their reading ability.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We could see that people's ability to make their own decisions was always carefully considered by the service. We saw consent forms in accessible formats so that they were accessible for everyone. The staff demonstrated that they fully understood how to support people safely. One person using the service, at times had fluctuating capacity due to their mental health needs and staff were always mindful of this and made sure that important decisions were considered when the person was well.

People told us the staff always asked for their agreement before providing their support. People gave consent to the care they received and their rights were respected.

## Is the service caring?

### Our findings

Everyone we spoke with told us they received a good quality of care and told us the care staff and management team treated them in a kind and caring way and they considered the staff as their friends and looked forward to spending time with people on their one to one time.

People told us the support provided by the service helped them to maintain their independence and do all the activities they wanted to do. They told us this was very important to them. One person told us, "Without them I wouldn't be able to do the things I can now." Another person told us that they "missed the staff when they were on their days off."

The care staff understood how to respect people's privacy and dignity. People who used the service told us the staff "always" ensured their privacy and dignity were maintained while they were receiving personal care.

We saw that the service respected people's individuality and diversity and encouraged people to be themselves. One person liked to dress in a certain way and carry items with them. This was supported by the staff and the person's choices were respected.

People we spoke with told us they would speak to the staff if they needed support to express their views or to make important decisions about their care or lives. The registered manager had details of local advocacy services and the local authority contact that they could contact on people's behalf if they needed independent support to express their views.

We saw that records were stored confidentially and that people's right to privacy was respected.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs and wishes. One person told us about a Christmas holiday that they were planning to go on later in the year and how much they were looking forward to it. Another person told us about their voluntary work and how much they enjoyed it.

Each person who used the service had a care plan that gave information for the staff about the support they needed and their preferences about their care. We saw that people had been actively involved in writing their care plans and they were written in an accessible format for the person. For example; we saw one that was written in plain English as the person had good literacy skills. Another was written using simple language and pictures so the person could understand exactly what it said. People's individual needs, wishes and aspirations were clearly identified and we could see that the care files were working documents. The plans were written in the form of the person describing how they wished to be supported using the phrases; "I usually do this....." And "I'd like you to support me with this....."

The registered manager had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with the registered manager. They said they were confident the registered manager would act to resolve any concerns they raised. There had been no formal complaints since the last inspection.

The service aimed to support people to the end of their life and staff had received training in specialist end of life care specifically for people who have a learning disability. This was also relevant as the service was supporting people who had lost or may lose close family members and this enabled the staff to tailor the support that they were providing to support people through the bereavement process.

## Is the service well-led?

### Our findings

People told us this was a good service and said they would recommend it. They told us they were happy with the care they received and valued the support provided by the staff. One person told us, "The service is very good." We were also told, "I would certainly recommend this service to anyone."

The registered manager told us that they had a positive relationship with the registered provider and they offered their support when it was required.

Staff we spoke with spoke very highly of the manager and the service. One person told us "You look forward to coming into work. It's easy to raise any concerns because they would always be listened to." Another staff member told us "It's a lovely place to work. The best job ever."

We saw that the registered manager and the team leaders observed staff while they supported people to check care was being provided as planned and that the staff provided support safely and respected people's rights. Audits were completed in all aspects of the service delivered to ensure that the high standards were maintained.

Services registered with us must notify us of significant events that happen such as allegations of abuse or serious injuries related to the care they provide. This is so we can check appropriate actions have been taken. The registered manager of the service understood the incidents that had to be reported to us and had completed notifications when they were required.

The registered manager worked with organisations who commissioned the service and health care providers to ensure people received the support they needed. Where people had complex needs, advice had been taken from appropriate services to ensure they received the support they needed and their rights were protected.