

Independent Care Link Limited

# Independent Care Link Ltd

## Inspection report

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25 March 2021

01 April 2021

06 April 2021

07 April 2021

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04 June 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Independent Care Link is a domiciliary care service providing care to people living in their own homes. This includes younger and older adults living with a range of general or mental health conditions, which may include dementia and any related physical disability or sensory impairment.

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.

At this inspection, a total of 78 out of 93 people received personal care from the service.

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

People were protected from avoidable harm or injury within the service. The provider's staffing, risk management, medicines and safeguarding arrangements for people's care, helped to ensure people's safety when they received care from staff at the service.

Recognised hygiene measures were assured for the prevention and control of any acquired health infection.

Health incidents and any near misses were routinely monitored and analysed, to help inform or improve people's care and prevent any further reoccurrence when needed.

The service was well managed and led. Regulatory requirements were being met. The registered manager and staff understood their role and responsibilities for people's care.

The provider operated effective governance arrangements, to ensure the quality and safety of people's care and continuous service improvement. Display of their most recent inspection rating was ensured for public access.

There was an open and equitable culture at within the service. People, relatives and staffs' views were regularly sought, to help inform service planning and any related care or staffing improvements needed.

Effective communication, record-keeping and information handling measures were established for people's care. The provider regularly sought to engage and worked in partnership with relevant social, health and educational parties, to effectively inform people's 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 Good (published 24 October 2018).

### Why we inspected

We received concerns in relation to infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

The overall rating for the service remains Good. This is based on the findings at this inspection.

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

## 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Independent Care Link Ltd

## 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.

This was a focused inspection, prompted in part following information of concern we received relating to the provider's safety measures to protect people from the risk of COVID-19 when they received care from staff.

#### 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 homes.

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 a short period of notice to the provider. This was because we needed to be sure that the registered manager would be in the office to support the inspection and to give them time to speak with people and relatives for us to seek their views about the service.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

This inspection began on the 25 March and ended on 7 April 2021. We visited the provider office on 25 March where we reviewed six people's care and medicines records; six staff recruitment, training and supervision records and complaints records from the last 12 months. We also spoke with the registered manager and office manager.

On the 1, 6 and 7 April 2021 we spoke by telephone with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of care staff including four health care assistants, a care supervisor, a team leader. We also reviewed a range of documents we asked the provider to send us relating to the safety and management of people's care. This included some of the providers operational care policies; service monitoring and care quality survey results.

# 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 the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse within the service.
- Staff received instruction and guidance in recognising and responding to abuse. All staff we spoke with understood their related role and responsibilities for people's safety.
- The provider acted promptly, in consultation with us and the local authority, to investigate a recent safeguarding concern raised with them. However, the concern was unsubstantiated.
- People, relatives and staff were confident to report any safety concerns if they needed to and that the provider would act to ensure people's safety, if needed.
- People and their relatives we spoke with felt their homes and possessions were safe when staff provided care. One person said, "I definitely feel safe, care staff always treat me and my home with care and respect."

Assessing risk, safety monitoring and management

- Risk management and care delivery arrangements for people's care helped to ensure their safety.
- Risks to people's safety associated with their health condition, environment or any care equipment were effectively assessed before people received care and regularly reviewed.
- People's care plans showed the care steps, which staff needed to follow for their safety. Staff we spoke with understood people's related care needs.
- Staff also understood the procedures they needed to follow in the event of any emergency, such as a health incident, adverse weather conditions and for safe lone working.
- People and relatives were confident staff knew how to support people safely. One person said, "Staff keep me safe; they know how to help me move with the equipment and what I can and can't eat." A relative told us, "We are more than happy with the care, the care staff know her well, she is definitely safe with them; they are always quick to spot things and make sure they get the GP or district nurse involved when they need to."

Staffing and recruitment

- The provider ensured safe staffing arrangements for people's care.
- Records showed staff were safely recruited, checked and vetted in line with nationally recognised guidance, to ensure they were safe to work with vulnerable adults before they commenced employment. Staff we spoke with described the arrangements for their recruitment, which also confirmed this.
- We evidenced effective management measures for staff planning and deployment. This included electronic communication and staff monitoring systems, which supported timely care call co-ordination, oversight and information sharing for people's care.

- People, relatives and staff felt care calls were well organised and overall timely as agreed with them. A relative said, "Staff come on time and stay for the duration of the expected time; They have to clock in and out, the office staff monitor that."

#### Using medicines safely

- The provider followed relevant protocols to ensure the safe handling and administration of people's medicines.
- Staff were trained, competency checked and understood how to support people to take their medicines safely, when needed.
- People and relatives confirmed people received the level of support agreed with them, to enable people to take their medicines safely at the times they should.

#### Preventing and controlling infection

- We were assured the provider's arrangements for the prevention and control of infection, including their risk management strategies and policy guidance; helped to protect people from the risk of an acquired health infection when they received care from staff.
- Staff were informed, supported and equipped to follow nationally recognised universal precautions associated with the prevention and control of infection and in relation to COVID-19. This included access to routine weekly testing for COVID-19 and for their provision and correct use of personal protective equipment, such as disposable gloves and masks. All of the staff we spoke with were conversant with their related role and responsibilities for people's care and safety.
- People and relatives' we spoke with, were satisfied with the provider's related arrangement for their care and safety. One person said, "They [care staff] definitely know what to do, they wear masks gloves and aprons and change them when they should."

#### Learning lessons when things go wrong

- We found effective arrangements for the ongoing management monitoring, analysis and review of any incidences or concerns relating to people's safety within the service. This included regular checks for any trends or patterns that may help to inform or improve people's care for their safety.
- The provider had notified us of any incidents as required when they happened at the service, to help us check people's safety when needed.
- There have been no safety incidents resulting in any person's harm or injury attributed to service failures within the last 12 months.



# 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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff were effectively informed, supported and supervised to perform their role and responsibilities for people's care.
- There was a registered manager for the service, who understood and followed the requirements of their registration for people's care.
- Staff we spoke with understood their roles and responsibilities for people's care and felt they were well supported and informed. Related management measures concerned with staff training, performance, support and supervision, helped to monitor and ensure this.
- The provider used a comprehensive set of operational care policies and related practice procedures for staff to follow, to inform and support safe, effective care practice. These were set and regularly reviewed against nationally recognised guidance and legal requirements to ensure this.
- People, relatives and staff were confident in the management of the service and to contact the provider's office if they needed to. One person said, "They are a good company, I am more than happy with the care; I wouldn't change, it's well organised care."

Continuous learning and improving care; 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 operated effective governance and oversight arrangements to ensure continuous and sustained service improvement and learning for the quality and safety of people's care.
- Risk management, reporting and communication strategies were consistently operated to identify and inform service risk, any common trends and areas for service planning and improvement.
- We found a number of related targeted service improvements and developments made by the provider during the last 12 months. This included additional communication and staff training measures for people's care in relation to complaints handling, duty of candour and COVID-19
- The provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety there.
- The provider had ensured the visible display of their most recent inspection rating. This was displayed on their website and at their office for public information.

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

- We found an individualised, equitable, caring culture within the service where the diverse needs and views of all interested parties helped to inform service planning and improvement.
- Staff understood the provider's key service aims and values, to promote people's rights and best interests in their care. Accessible service information was provided to help people and their representatives understand what they could expect from the care.

- The provider ensured regular consultation with people, relatives and staff, including by way of periodic surveys, individual care reviews and meetings. Related records from these showed high levels of satisfaction with the service and related care provision. Where any issues, concerns or areas for improvement were raised, these were considered and acted on by the registered manager when needed. For example, to ensure appropriate staff conduct and use of electronic communication platforms for people's care.
- Staff, people and relatives we spoke with were happy with arrangements for people's care and their engagement and involvement. All we spoke with said they would recommend the service to friends and family. One person said, "The office regularly ask what I think about the service and they send questionnaires; they treat me as a person and let me know I matter." Another person told us, "If you raise anything no matter how small, it's always dealt with in a professional and respectful way."

#### Working in partnership with others

- The provider worked with relevant agencies and external health and social care partners, when needed for people's care.
- People's care plan records we looked at showed timely referrals to relevant external professionals when needed for people's care.
- Staff we spoke with understood and followed any related care instructions for people's care from this. For example to support people's safe mobility, nutrition or mental health. This helped to ensure people received safe and effective care.