Positive Care Link

Positive Care Link

Inspection report

Oxford House
Derbyshire Street
London
E2 6HG

Tel: 02077296500

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Positive Care Link is a domiciliary care agency. The service provides personal care to older people and people with physical disabilities who live in their own homes. At the time of our inspection there were 16 people using the service and three people were receiving personal care.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service and what we found
The service did not always review people's care plans and risk assessments to ensure that they reflected people's changing needs and many plans were now out of date. Care workers received appropriate training to ensure they were able to deliver care effectively and safely. Medicines were managed safely by staff who had the right training to do so.

People told us they received good quality and reliable care from this service. People were treated well and with respect by a consistent care team who had been supporting them for many years and understood their needs well. A person told us "I would definitely recommend Positive Care Link, because they are reliable and do what you tell them to do".

People were often contacted or visited by managers in the service to check the quality of their care and told us they were always able to reach a manager to discuss concerns. The service acted quickly to adapt care to meet people's changing needs, including arranging additional care hours as needed. Staff understood people's needs and preferences and used effective communication approaches to ensure people could make choices about their care. People told us they felt listened to and treated with respect.

People were safeguarded from abuse and poor treatment and staff were recruited to ensure that they were suitable for their roles. Some policies and procedures needed to be reviewed to ensure they reflected current guidance and legislation. There were not clear systems for auditing records of care, including medicines records, and recording of daily care was not done in a way which would let the service monitor people's wellbeing or diets.

Staff told us they felt well supported by managers and were always able to seek advice when they needed to do so. Managers carried out frequent spot checks and telephone monitoring to ensure people were happy with the service they received. The service did not have a registered manager, but a new manager was due to start work soon.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 11 February 2020).

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

Recommendations
We have made recommendations in relation to how the provider meets the Accessible Information Standard and employs robust quality management systems. We will check if the provider has acted on any recommendations at our next inspection.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Positive Care Link

Detailed findings

Background to this inspection

Inspection team
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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had recruited to the post of registered manager but they were yet to start work with the service.

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 a member of staff would be available to support the inspection.

What we did before the inspection
We reviewed information we held about the service. This included correspondence with the provider. We used the information the provider sent us in the provider information return. 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 information gathered as part of a monitoring activity that took place on 16 August 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection
Inspection activity started on 8 November and ended on 10 November 2022. We visited the location's office/service location on 8 November 2022.

We spoke with the nominated individual, care project officer and finance and administrative officer. A nominated individual is a person who supervises the management of a regulated activity across an organisation. We made calls to two care workers, four people who used the service and one family member. We looked at records of care and support for three people and medicines records for two people. We reviewed records of recruitment, training and supervision for three staff.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.
This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection
● Care workers took appropriate measures to prevent and control infection. Comments from people included "They are very clean in every respect and wear protective clothing" and "The carers are very, very careful with hygiene". Care workers received appropriate training in infection control.
● Care workers had access to appropriate personal protective equipment (PPE) and told us they never had concerns about access to PPE. People told us "They are always wearing gloves and wash their hands thoroughly" and "They wear masks and aprons".
● Policies and formal processes did not support infection control. The provider had an infection control process which was reviewed yearly, however no changes had been made to this policy since 2010 despite the Covid-19 pandemic and considerable changes to infection control practice.

We recommend the provider review their infection control policy taking account of the infection prevention and control resource for adult social care.

Assessing risk, safety monitoring and management
● The provider assessed risks to people's wellbeing and had suitable plans in place to mitigate these but these were not always updated when people's needs changed. These covered a range of areas, including mobility, moving and handling and falls. However, plans were not reviewed in line with people's changing needs. Several people using the service were recorded as requiring support to make transfers, including the use of lifting equipment, whilst in practice due to deteriorating health they now received care in bed. There was no evidence that people were harmed by this. The provider told us they would review risk management plans based on our feedback.
● There were suitable management plans for skin integrity risks. Care workers had received training in pressure sore prevention and were familiar with the steps required to protect the people they supported from skin breakdown. Daily logs recorded these steps, but lacked detail on the level of support people received to change position when this formed part of their pressure sore prevention plans. The provider told us they would review how daily logs were completed based on people's needs. A care worker told us "We have training in pressure sores and [managers] tell us how to look out for them."
● The provider had developed suitable moving and handling plans for people, however these were not always updated to reflect people's changing needs. These included detailed information on how to move people safely and ensured that staff had training in the use of specialist equipment. The provider assessed which equipment people used to make transfers but did not routinely ensure they had up to date servicing records for hoists, however none were in use at this time. The provider told us they would review risk

assessments to ensure this was recording appropriately.

Learning lessons when things go wrong

● The provider had systems for logging when incidents or accidents had occurred. There had been no recent incidents or accidents, which meant we were unable to measure how effective these systems were.

● The provider's incidents and accidents policy required review. Although there was information available for staff on safe working practices, policies lacked detail about how incidents would be responded to and what measures would be taken to identify and address root causes. The provider told us they would review this policy.

Using medicines safely

● Medicines were managed safely. A person told us "I take medication and it's supported by the carers". The provider carried out detailed assessments of people's medicines needs, including which medicines they took and the level of support people required to take and collect their medicines.

● Medicines were appropriately administered by care workers. Staff had received training in administering medicines. Care workers maintained appropriate records of medicines administration, however these were not routinely audited by managers. We did not see any evidence of errors or discrepancies in the sample we looked at but this meant there was a possibility that medicines errors or changes in practice would not be detected by managers.

Systems and processes to safeguard people from the risk from abuse

● People felt safe and protected from the risk of abuse. Comments from people included, "I really feel safe with the care I get at the moment" and "I feel safe and protected with them".

● There were appropriate procedures to safeguard people from abuse. The provider had a suitable safeguarding policy and managers understood their duties to report and act on suspected abuse.

● Care workers had the right skills to safeguard people. Staff received yearly training on safeguarding adults and were able to explain how to recognise abuse. Care workers told us they were confident managers would act swiftly on concerns. A staff member told us, "If I report something to the agency, one hundred percent they take it seriously."

Staffing and recruitment

● People received timely, reliable care from the required number of staff. The service assessed the number of staff required to support people safely and records showed that this was in place. Comments from people on punctuality included "They are always on time and rarely late", "I'm happy that the carer stays for the full duration of time and cover my needs fully" and "They have good punctuality and can't recall any missed calls".

● The provider operated safer recruitment measures. Preemployment checks were carried out on staff, including obtaining proof of identification and the right to work in the UK, as well as a full work history and evidence of satisfactory conduct. The provider carried out regular checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service assessed and understood people's nutrition and hydration needs. Care plans included detailed information about the level of support people required to prepare and eat meals, including whether people were able to eat independently or required physical support with this. Staff we spoke with understood people's dietary needs and preferences for food, and care plans highlighted when people had specialist diets including vegetarian food.
- People received the right support to eat and drink when this formed part of their care. Comments from people included "I still need support from the carers to get a good balanced diet", "My caring package also includes preparing meals which they do very well" and "My relative gets the help she needs with meals and drinks.
- Records of daily care did not fully detail the support that people received to eat and drink. For example, care workers would tick a box to say that a person had had a meal, but did not give further information on the type of food the person had had, their appetite and whether they also had a drink. This meant that it was difficult for the service to monitor changes to people's needs in this area and to ensure people had a balanced diet. The provider told us they would review how they recorded people's daily care, including nutritional support.

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

- The provider assessed people's care needs. This included detailed assessments of people's daily living skills and their desired outcomes for their care. The provider assessed people's daily living skills in a wide range of areas, including how they used their homes, carried out personal care tasks and communicated with people. This information was used to help plan people's care.
- The provider understood people's choices about their care. There was information on how people liked to receive their care, including key areas such as whether they preferred baths or showers, what products people used and information on how people could be supported in line with their cultural and religious needs.

Staff support, training, skills and experience

- People experienced effective care from well trained staff. People using the service told us that staff had the right skills to support them. Comments included, "I'm happy that they are trained well enough and look professional and I'm confident in them" and "I think the carers are trained and as a relative, I'm confident in leaving my relative in their expertise".
- Staff received regular training which was scheduled throughout the year. This included training in key

areas such as safeguarding, dementia awareness and health and safety. There was practical training in moving and handling, including the use of lifting equipment. Care workers told us that they felt the training was regular and helpful. Comments from staff included "We do get training…we keep ourselves updated" and "They teach you a lot of things, they are practical things, like how do you bathe people. [Training includes "practical use of the hoist. They help you they show you how to do it and how to handle the client."
● Care workers received regular supervision and appraisal. This was used to discuss the tasks staff currently carried out and identify training and development needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff understood how to support people to stay healthy and well. Care plans were detailed about people's medical conditions and histories and how these affected people's daily living skills. Staff we spoke with understood people's health conditions and how to recognise the signs that people were becoming unwell. Care workers understood who to inform and where to seek help from if people needed medical attention.
● The service worked effectively with others. This included understanding what was the responsibility of care workers and what tasks were completed by the person or their family members. When the service worked jointly with other care agencies plans were clear on how tasks and visits were divided and there were clear pathways for communicating information between the agencies.

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 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 MCA.
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.
● The provider assessed people's capacity to make decisions for themselves. This included carrying out a suitable mental capacity assessment in line with the principles of the MCA. Although people using the service were able to give consent to their care there were not suitable systems for recording when people had consented to their care when they were unable to sign documents. Care workers received training on the MCA. However, managers were not always clear on the need to obtain consent from people rather than their family members when people had the capacity to make decisions for themselves. The provider told us they would reconsider who was consulted on decisions about people's care.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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 received care from care workers who treated them with kindness and respect. Everyone we spoke with told us they were very happy with their care worker. Comments from people included "[My care worker] is very friendly and caring", "They are good people", and "I think the carers are very helpful and polite".
- People benefitted from a consistent team of care workers who had got to know them well over a long period of time. Records showed people usually got the same care workers each day. Comments from people included, "I've had [my care worker] for over a decade now, I think in that time [they] have a good proven track record" and "I get the same carers".
- The service understood people's needs well. Staff members we spoke with described how people liked to receive care and what approaches worked best with the person they supported. A person told us, "I think the carers know me well enough and know what I like and dislike." Care plans contained information on people's cultural and religious needs and how staff could help support people in line with these.

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

- People felt listened to by their care workers. Comments from people included "[My care worker] is a good communicator and will sit and talk and have a laugh and doesn't seem rushed to get away" and "They know want you need and they are there to talk things over if you need them".
- The provider understood how to help people express their views. The service assessed people's communication needs, and how these were impacted by people's medical conditions. Care plans outlined the best ways to approach people to help them speak up about their care. Staff we spoke with understood these approaches well and gave us examples of how they had supported people to make decisions, including the use of non-verbal communication and objects of reference as required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us "I think the carer I get has a very good personality and I'm well respected and treated with dignity", and "They are very caring people in a genuine way and will listen and would do anything you ask of them". Staff we spoke with told us they were given practical guidance on how to provide person care in ways which promoted people's dignity and gave us examples of how they did this in their daily work.
- The service promoted people's independence. Plans were clear about what people could do for themselves and the support they needed to maintain their independence. One person told us "I like the company and the carer I get because it helps me to be more independent."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care was planned around their needs. Care plans were clear about people's needs and desired outcomes for their care. Care plans were completed with people and their families and people told us they felt involved in planning their care. Comments included, "I have a care plan in place and it's kept up to date and reviewed yearly" and "I have a care plan in place and it doesn't really need updating, as my care hasn't changed that much".
- The service met people's needs. Care workers documented how they had completed tasks in line with people's care plans and people told us they got the care they need. People told us "I'm satisfied when they leave that they have covered all their duties very well" and "[My care worker] covers my needs fully".
- The service responded well to people's changing needs. This included working with the local authority to arrange additional care hours when people needed support. A care worker told us, "[A person I supported] needed more help and it needed to be a double, so they put that in place right away and told social services." A family member said, "They will stay longer at my request if my relative needs further assistance and they are very committed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. People told us they knew the contents of their care plans well, and the provider prepared a simple summary of people's care timetables to make it easy for people to understand. The service assessed people's communication needs and would be aware if people needed additional support with reading documents, but no-one using the service needed information provided in a different format. The service did not have a policy in place relating to AIS.

We recommend the provider take advice from a reputable source on implementing a policy to ensure they can meet the AIS in future.

Improving care quality in response to complaints or concerns

- There was a suitable policy in place for managing complaints. This outlined how complaints would be addressed and acted on by the service. Where a complaint had been made the provider investigated this and provided a full report of their findings to a social worker and the family of a person using the service.

● People using the service were aware of how to raise concerns or complaints. Comments included, "If there were any problems, I know who to get in touch with", "I have their contact numbers" and I've never raised any formal complaints over the years I've used the service".

Requires Improvement

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not have a registered manager in place. The provider had taken the right action to ensure that their registration remained up to date and that there was still oversight of the service. A new manager had been appointed but was yet to start work or register with the Care Quality Commission.
- Aspects of oversight were not effective in ensuring the provider always met regulatory requirements. The service did not have very effective systems of audit for ensuring that care plans and risk assessments were still up to date. This meant that people's documents no longer reflected their changing needs.
- Records of care were incomplete as they were not arranged in a way which meant the service could track people's changing needs. A log consisted of a series of tasks in line with people's care plans, which were ticked off by the staff member. There was no information on the person's wellbeing, interactions with staff or any changes that needed to be made. In many cases a task such as hoisting had not been completed for many months, but this had not prompted a review of the person's care plan.
- Policies and procedures were reviewed regularly, however this process did not always highlight where changes were needed to ensure that policies were still in line with current standards. Policies often made reference to legislation that was no longer current and did not reflect changes to government guidance, for example changing advice to services on infection control processes.

We recommend the provider take advice from a reputable source about implementing more robust quality management systems.

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

- People using the service spoke highly of the service's culture and values. Comments included, "I often comment on how good the carers are that I get", "The managers are good" and "I would definitely recommend Positive Care Link, because they are reliable and do what you tell them to do".
- The provider used team meetings to ensure care workers were working in line with the service's values. Team meetings were held regularly and were used to discuss changes to the service, reflect on best practice and ensure that staff were aware of the managers' expectations.
- Care workers told us they felt well supported working for the service. Comments from staff included, "There is an emergency number which once you call it somebody must pick up even bank holidays our

weekends", "They are helpful once you highlight a problems" and "You have good support here, your employer understand[s]."

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; Continuous learning and improving care

● The service understood their responsibilities under duty of candour. This included investigating when things had gone wrong and when concerns had been raised about the service and being open about their findings. However, the service did not have a formal policy relating to this. People told us the service acted quickly when concerns were reports. A person told us "You know if there are any problems you can contact the office to sort it quickly". The provider told us they would be undertaking a review of policies under the new registered manager.

● The service did not have a continuing plan for improving and developing the service. The director told us they expected to work with the new manager to put one in place when they started in post.

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

● The service engaged effectively with people and their families to ensure they were providing a high quality service. This included carrying out regular telephone conversations and home visits to people. Comments from people included, "They call me now and again to see if I'm happy with the service" and "They are visible and check up on my relatives care".

● People and their families were always able to access support if needed. People told us, " I'm confident I can talk to the manager if I needed to, but I've never really needed to because I don't want to change anything", "I have a good relationship with the management" and "The management are there to support you whenever you need them".

● There was suitable oversight and checking of the performance of staff. This included carrying out regular spot checks on staff members. A staff member told us, "You never know if they are coming. They really do it, they check whether you are on time and following the care plan. You always get feedback."

Working in partnership with others

● The service worked in partnership with others. This included building strong links with local authorities to ensure that care continued to meet people's needs and to act quickly on any issues of concern. The service had built links with relevant community organisations including nursing and palliative care teams and had effective systems for working jointly with other agencies.