Care Link Northern Limited

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 October 2017 and was announced. We gave the provider 24 hours' notice to ensure someone would be available at the office.

Care Link Northern Limited provides domiciliary services and support to people living in their own homes. The service also provides care under supported living arrangements for adults with a learning disability, so they can continue living in their own homes and communities. At the time of our inspection visit the service provided care and support to 35 people.

The service had a registered manager who was also the provider. We met with the registered manager and the office manager during the course of our visit. 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.

On our last visit to Care Link Northern Limited in August 2016 we rated the service as Requires Improvement. At that visit we found breaches of the Health and Social Act 2008 (Regulated Activities) Regulations 2014 in relation to the recruitment of staff and quality assurance and records. At this visit we found improvements had been made and we rated the service as Good.

People were protected by the service's approach to safeguarding and whistleblowing. People and their relatives told us they could raise concerns if they needed to and were listened to by staff. We saw that concerns were listened to and acted on straight away by the management team and outcomes were recorded in safeguarding records we saw. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted upon staff feedback.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service told us that they had a team of staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people needed and expected.

Our conversations with people who used the service and their relatives during the inspection showed us that people who used the service were supported in their own homes by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place before they started work and this process was safe. The office manager had implemented a checklist to ensure the appropriate recruitment checks were in place for prospective employees.

We saw that people's prescribed medicines and topical medicines were recorded when administered. We looked at how medicines records were kept and spoke with the registered manager and office manager about how staff were trained to administer medicines and we found that the medicines administering, recording and auditing process was safe.

The service had introduced systems to ensure staff were appropriately trained and supported. Staff had received supervision, had observations carried out on their practice and we saw appraisals were all scheduled to take place in December 2017.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with the person's environment and delivering the person's care.

From looking at people's support plans we saw they were person-centred. 'Person-centred' care is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans made good use of personal history and described individuals care, treatment, wellbeing and support needs. These were in the process of being reviewed by the care co-ordinator and the office manager.

People and staff told us when they raised any issues they were dealt with promptly and professionally and everyone we spoke with knew how to speak to the management team at the office if they had any concerns.

There were now systems in place to gains the views of people using the service and the staff team, and an action plan was in place to ensure any comments or suggestions were acted upon. Whilst improvements were clearly evident, the provider had yet to demonstrate that sustained quality assurance and auditing systems were embedded at the service.

The service was an active part of the local community. People were encouraged to plan and participate in activities that were personalised and meaningful to them. We saw that the manager and staff were committed to supporting people to remain in their own homes with support and worked with district nurses, G.P's, occupational therapy, physiotherapists and other specialist services as and when needed.

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.

Recruitment checks were now in place for all prospective staff.

Medicines were safely administered by trained staff.

Checks took place on the safety of the office environment and in people's homes.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and checks on the quality of their care delivery.

The service supported people to lead healthy lifestyles.

Staff were trained in the specific needs of people such as catheter care and specialist nutrition care.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems in place such as quality assurance and staff development needed to be further embedded.

The service had implemented surveys for people using the service and staff members.

There was an audit programme in place to check the safety of the service.

Staff members, relatives and people using the service told us they felt very supported by the management team.

Care Link Northern Limited

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 registered 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.

We inspected Care Link Northern Limited on 11 October 2017. The provider was given 24 hours' notice because we needed to be sure that someone would be at the registered office. The inspection team consisted of one adult social care 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.

Before the inspection we reviewed all the information we held about the service including notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and the local authority safeguarding team. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. Information provided by these professionals was used to inform the inspection.

During the inspection we spoke with five people who used the service and two relatives in their own homes. We also spoke with the registered manager, office manager, and three care workers. We looked at four people's care records, four recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

On our last inspection we saw that not all staff members had been subject to recruitment checks to ensure they had been employed safely. During this inspection we looked at the provider's recruitment policy and four staff files which showed us that the provider now operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer or character references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. The office manager told us they had one applicant who following interview had refused to undergo a DBS check and so they withdrew their employment offer.

People who used the service told us they felt safe having Care Link Northern Limited supporting them in their own home. One person told us, "Yes [I feel safe] with being in a bungalow and that someone is coming in now and again, they come in three times a day." A relative we spoke with said, "We feel very safe and they're very reliable, we've been with them over 18 months and they're always on time. There's four staff we see all of the time and they have become friends."

We saw in one person's care file that they had a specific routine recorded for when staff left the home which included staff prompting the person to lock the door as they left.

We looked at the Medicines Administration Record (MAR) sheets. Where people were prescribed topical creams these were administered and recorded and the records contained clearly marked body maps. The office manager showed us that they reviewed all the MAR sheets that were returned to the office from people's homes and they signed in red pen to show they had been checked for any omissions which the office manager would take up with the specific staff member. One person told us, "Yes I take them (medicines) myself and they (staff) watch me until I have taken them."

The service also checked staff competency in administering medicines. When we discussed the level of qualifications needed to carry out competency checks safely the office manager explained that they and the supervisor were trained at a higher level to observe staff. The service had also sought specific training from district nurses to meet the administration of medicine needs for a person who had a percutaneous endoscopic gastrostomy (PEG). A PEG is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding or medicine administration when oral intake is not possible.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. One staff member told us, "Safeguarding is to make sure an individual is protected and safe." The staff we spoke with were aware of who to contact if they needed to refer matters of a safeguarding nature for further investigation, or to obtain advice. Staff had attended safeguarding training as part of their training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I would immediately report any concern to a supervisor or member of management."

We saw the service had learnt from a safeguarding incident in 2016 where there was a missed call due to a rostering error. The office manager told us, "We could not let that happen again so we have purchased an electronic staffing programme that ensures all calls are staffed." This showed the service learnt and took actions to ensure they minimised risks to the safety of people. People and relatives told us staff turned up on time and were consistent. One relative we spoke with told us, "Yes they're very reliable in terms of turning up and are pretty close to the timings and they never cut short their visits." One person told us, "Generally it's the same four [staff members] and I know exactly who's coming as I have a weekly list [rota] of the carers." Another family member said, "I've never known them to be late or miss in the past 18 months. Once a couple of months ago another carer [name] turned up due to an illness, it's always well managed."

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently or in relation to moving and handling needs, to enable them to take risks safely.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The office manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe.

For fire safety we saw that people had individualised evacuation plans to enable them to safely exit their home in the event of an emergency. We saw for the supported living service that staff supported people to keep their home safe and well maintained and had contact details for contractors to do this.

We found there were effective systems in place to reduce the risk and spread of infection and staff were aware of the importance of infection control.

Good

Is the service effective?

Our findings

We found staff were trained, skilled and experienced to meet people's needs. One person told us, "Yes, they know how to care for me" and one relative said, "I can't fault any of them (staff), sometimes they have their own ways of doing the care but it's always in accordance with the plan."

We saw completed induction checklists, staff training files and a matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; fire safety, infection control, medicines and first aid. Staff also had received training specific to the conditions of the people they supported such as mental health and catheter care. One staff member told us, "In the last year I learnt how to administer food and medicines via a PEG, which was interesting."

For any new employees, their induction period was spent shadowing experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files.

New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Individual staff supervisions and appraisals were planned in advance and took place regularly. The office manager had a system in place to track completion of these. Appraisals were also held annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us; "The management team are friendly, accessible and supportive."

We spoke with relatives and people who used the service to support them to prepare meals and one relative told us, "Mostly they do, they prepare it and yes they do this well."

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedure for this in community settings is via the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The registered manager told us that no person currently using the service was subject to a Court of Protection deprivation of liberty order and no applications for such orders had been made by the service to the Court of Protection.

Where possible, we saw that people were asked to give their consent to their care and we could see in people's support plans that this was clearly recorded. One staff member told us, "It's important that people feel supported and interacted with about decisions."

We saw from the support plans that people were supported to access input into their care from other healthcare professionals and staff had good working relationships with these professionals. The office manager told us the service worked closely with the district nursing team locally and were regularly asked to provide care for people with complex healthcare needs and end of life care, as the nurses were confident in the caring approach of the staff.

Records showed that the service ensured people's wellbeing was maintained. Staff members told us they would immediately seek medical attention if they had any concerns. We read an example from care records where one member of staff had found a person collapsed in their home and they immediately dialled for the emergency services and stayed with them until paramedics attended.

Good

Is the service caring?

Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We found a range of support could be offered, which could mean staff visited once a day, several times a day or to support people with social and leisure activities. All visits were of a minimum of half an hour and people and staff told us that care and support was not rushed.

The people we spoke with were able to discuss what type of support they received. We found that each person had a detailed assessment, which highlighted their needs. The assessment led to a range of care plans being developed, which we found from our discussions with staff and individuals, met their needs. One staff member told us, "The care plans are easy to follow."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Everyone we spoke with had information about the service included in their care file, so that they could access it at any time and people were aware of how to contact the office if needed.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One person told us, "If I want to do something they'll listen to me, I have asked to go to Benidorm next year with one of the carers in here [name] and she's a good carer they all are, they're all good in here. I've never known a place like this with carers like this. I've lived elsewhere and it's not good like here."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. One staff member told us, "I make sure I reassure people, I tell them what and why I am doing something. I always make sure I keep people's dignity by doing things in private."

We asked staff how they promoted people's independence. One staff member told us, "I give people a choice of food and clothing and encourage them to do as much for themselves as they can without pushing them."

The registered manager regularly provided care to people and ensured they were happy with the staff and service. We also saw through surveys and the observation visits by supervisors that people were asked to give feedback about the care service they received.

The registered manager, office manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We listened to the office manager providing reassurance throughout our visit when people rang the office to talk about their care or just to chat.

We were told by the office manager that the service was often asked by the district nursing team to provide end of life support as some carers had been trained by the nurses to perform palliative care.

Good

Is the service responsive?

Our findings

A pre-assessment was carried out with people when they first enquired about receiving a service. A supervisor visited the person at home to explain about the company and gather information about the level of support required, preferences, routines, likes and dislikes. An initial safety check on the property was also conducted.

The assessment records contained information about people's care needs including physical, mental, mobility, continence, communication and dietary needs as well as needs associated with specific conditions such as Multiple Sclerosis (MS) or dementia.

The support plans we looked at were very detailed and person-centred. 'Person-centred' care is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plan records contained detailed instructions for the care workers to follow which informed them of people's preferences, routine and abilities. The service has listed person specific outcomes within these records to measure how well the service was meeting people's needs. For example, one person had support from the dietitian and the service completed fluid balance charts to ensure the person was receiving the appropriate nutritional support.

The management were responsible for reviewing and updating care plans and assessments, and there was evidence that people, their relatives and external professionals all had input into this. We saw that during 2017, 18 care plans had been reviewed and there was a clear plan to ensure all care plans were booked in for review for the rest of the year. The office manager told us that supervisors were given time to undertake regular reviews with people using the service.

One relative told us, "We've used two different organisations. One didn't always turn up and were always late. Through the carers support group someone mentioned about Care Link Northern and we changed and it was the best thing we ever did."

The registered manager told us about the importance of people maintaining a relationship with their family and friends. We observed at the supported living accommodation that arrangements had been made for an individual to pursue their interest in racing pigeons by arranging for them to meet up on a weekly basis with someone on an allotment who raced pigeons. The registered manager was very proactive in encouraging people to be socially included within their community. She told us about organising an annual trip to Blackpool for the people who lived in the supported living setting, and each year the trip had become more popular with people who lived in their own homes being invited to join in. Care workers also gave up their own time to facilitate the short break and they booked the same hotel each year which had the facilities to meet people's needs.

The service had a compliments and complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. One relative we spoke with said, "You have a mixture from seniors to supervisors and they always ask for feedback." When

we asked staff if they knew how to support people to make a complaint, they told us, "I would pass on the information to the office staff so they could deal with it correctly and officially." There had been one complaint since our last visit which had been recorded and responded to appropriately by the service.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager who was also the registered provider. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively. The registered manager was based at the office location and worked with people using the service.

The registered manager was supported by and worked well with the office manager, who had just returned to the service following a period of leave and was very proactive in all aspects of the running of the service. The registered manager took a lead role in delivering care and mentoring staff members.

We saw up to date evidence of quality checks carried out by the office manager. These focused on staff training, care records, health and safety and the environment. These audits had been completed once [for each area] on a quarterly basis and we discussed with the office manager that they needed to clearly address areas for improvement with timescales that went into the service action plan to show on-going improvement.
We saw the service had put an action plan in place since our last visit and had worked to address the issues we identified in relation to poor recordkeeping. Whilst we acknowledged the work that had been done, improvements were still needed to ensure that changes were fully embedded and sustainable within the service.

The service had also implemented surveys about the quality of service delivered, for both people who used the service and the staff team. The office manager was in the process of collating the responses and adding them to the service action plan as well as using them in the staff appraisals booked in for December 2017.

Staff members we spoke with said they were kept informed about matters that affected the service by the management team. They told us staff meetings took place and that they were encouraged to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager and office manager were approachable and they felt supported in their roles. One staff member said, "Yes, you can go to them with anything. They are always professional and effective."

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. We asked relatives, "Do the owners and manager listen to you and seek your opinion?" One relative told us, "Yes because the owner sometimes stands in so get the chance to talk to her first hand, they have a standard quality review on the service using questionnaires."

Any accidents and incidents that involved staff and/or people who used the service were monitored to ensure any trends were identified. The registered manager told us how they reviewed all aspects of the service and addressed any elements where they felt improvements could be made. The registered manager had undertaken staff supervisions and spot checks on performance and attitude as well as recording feedback from people about the quality of the staff. One staff member told us, "I am confident in my role because I get feedback through my appraisal."

We saw policies and procedures had been reviewed in 2016. The service worked in partnership with key organisations locally to support care provision and joined-up care.

In line with the requirements of the Care Quality Commission (Registration) Regulations 2009, we found the provider reported deaths and other incidents to the Commission appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.