Caringlinks Limited

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## Inspection report

Derby West Business Centre, Ashbourne Road
Mackworth
Derby
Derbyshire
DE22 4NB

Date of inspection visit:
29 March 2017
30 March 2017
31 March 2017

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16 May 2017

## 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

This inspection took place over 29, 30 and 31 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. Phone calls to people were completed on 29 March 2017 and we visited the premises and spoke with staff on 30 and 31 March 2017.

The service provides personal care and support to people who live in their homes in and around the Derby area. At the time of this inspection 33 people received support from the agency, all of whom received support with their personal care needs.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 felt safe with the support they received from the service. Staff had been trained and understood their responsibilities for safeguarding people.

All the required pre-employment checks had been completed on staff employed at the service. There were sufficient staff deployed to meet people's needs.

Medicines were managed and administered in line with the provider's policies and procedures. Risk assessment processes were in place to identify, and where possible, reduce risks. Accidents and incidents were reported and managed in line with the provider's procedures.

The provider had a policy and procedure in place on the Mental Capacity Act 2005 to follow, should a person not have the capacity to consent to their care. Staff sought people's consent before they provided care.

Staff had maintained up to date skills and knowledge in areas relevant to people's care and support, including safeguarding people and assisting people to mobilise safely. Training for more specific areas of care was also in place to support staff competence in these areas.

Staff understood how to support people with their nutrition and hydration needs. Staff provided care and support to help people with their meals and drink in a way that met their known preferences.

Staff felt supported by the registered manager and had regular contact with them.

Staff were aware of people's healthcare needs and supported people to access other healthcare provision when required.

People were cared for by staff who were caring and considerate. Staff knew the people they supported and where possible, provided regular support to people. Staff promoted people's dignity and privacy. People were involved in planning and reviewing their care and support.

People knew how to raise any worries or concerns. People received personalised and responsive care and their views and preferences, including their cultural preferences were respected.

The registered manager promoted an open culture where opportunities to develop the service were taken. The registered manager was known by people, their family members and staff; people consistently reported the registered manager was approachable.

Systems and processes to check on the quality and safety of services were operated effectively.

## 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.

Risks, including those from medicines were identified and well managed. People felt cared for safely and risks were identified and assessed. Sufficient staff were available to meet people's needs. Staff were checked prior to employment to ensure they were suitable to work at the service.

### Is the service effective?

Good

The service was effective.

Policies were in place so people's care could be provided in line with the Mental Capacity Act 2005 (MCA), if they lacked the capacity to consent to their care. Staff training was up to date and included areas relevant to people's needs. Staff felt supported by their managers. People were supported to have good health and nutrition.

### Is the service caring?

Good

The service was caring.

People felt staff were caring and considerate. People felt staff promoted their dignity and independence. People were involved in planning their care and their views and decisions were respected.

### Is the service responsive?

Good

The service was responsive.

The views of people and their preferences were respected. People knew how to raise feedback or complaints. People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed.

### Is the service well-led?

Good

The service was well-led.

The registered manager was known to people and was approachable. Systems and processes designed to check on the quality and safety of services were in place. The service took account of nationally recognised initiatives.

# Caringlinks 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 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 over 29, 30 and 31 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector.

Before the inspection we looked at all of the key information we held about the service. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

In addition, during our inspection spoke with four people and one person's relative on the telephone. We also spoke with the registered manager. We spoke with one care coordinator and three carers. We also spoke with one social care professional.

We looked at three people's care plans and reviewed other records relating to the care people received and how the agency was managed. This included risk assessments, quality assurance checks, staff training and recruitment records.

Good

# Is the service safe?

## Our findings

People we spoke with told us the service helped them to feel safe. One person told us staff helped them to get into the shower; they told us, "I felt safe," when the staff member assisted them. Another person told us they felt safe as staff asked them whether they wanted their door locked again when they left. Staff we spoke with told us they had been trained in safeguarding and told us the procedures they needed to follow should they have any concerns about people's safety. Staff told us how they would recognise any suspected harm or abuse of a person. Records showed the registered manager had made safeguarding referrals when needed. The provider had taken steps to reduce the risks of abuse and preventable harm to people using the service.

Staff with responsibility for risk assessments told us these included any advice from other professionals as required. For example, they told us if a person had been assessed by an occupational therapist to help them with their mobility; this detail was referred to in the person's care plan and risk assessment. Records confirmed risk assessments were in place when people required care to help them mobilise as well as where care was given to help people take their medicines; or where there were any risks at the person's property, such as lighting or trip hazards. Staff had clear guidance on what steps to take to reduce any identified risks to people.

One person told us, "[Staff] put cream on my legs and always use gloves." They went on to tell us staff would always make a record of the cream they had applied. A family member told us, "The medication is all on MAR (medicines administration records) sheets and in blister packs; [staff] pop them out and watch [my relative] take them." Staff we spoke with told us they had been trained in medicines management and were clear on their responsibility to record any administration of medicine on a medicines administration record (MAR) chart. Records of medicines administration we reviewed were completed to show what medicine had been administered and people had received their medicines as prescribed. Medicines were administered and managed safely.

Accidents or incidents were reported to the registered manager. During our inspection a staff member called to report an accident to the registered manager. We saw the registered manager checked people were safe and asked the staff member to call into the office to complete the accident report form. We reviewed a previous accident record that had been recorded and the registered manager told us all care plans and risk assessments were reviewed after any accident or incident to identify, where possible, any further actions that could help reduce future risks.

We looked at how the provider recruited and managed staff. One family member told us, "[The registered manager] is getting good carers in." Staff we spoke with told us they did not start work until the registered manager had checked their references and obtained information from the Disclosure and Barring Service (DBS). Recruitment records we checked confirmed these, and other pre-employment checks, such as their identify and any health needs had been completed. Pre-employment checks help providers decide if staff are suitable to work with people using the service. When needed, the registered manager had followed staff disciplinary procedures. Recruitment and disciplinary procedures were followed to help ensure staff

provided safe care to people.

People told us there were enough staff to provide them with a service. People said they had not experienced any missed calls and carers were usually on time. People told us staff would occasionally run a little late; however they told us they understood this was to do with unforeseen circumstances, such as traffic congestion and that staff would phone them to explain. One person we spoke with said, "[Staff] have just rang to say they are running a bit late." They told us this was not a problem and they were happy to have been informed. Another person told us, "Staff mostly turn up on time and they always let me know if they are running late; they stop for the full time too."

The registered manager told us some staff had recently left the service and they had no longer been able to provide care to some people. They told us all the staff team had worked together to ensure people's care was provided until people had been able to make alternative care arrangements. This meant the registered manager recognised what staffing levels were needed to provide care and took action when this was no longer feasible. The registered manager told us they were recruiting new staff to replace those that had left. People were supported by sufficient staff who were able to meet people's needs.

Good

# Is the service effective?

## Our findings

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 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. The service had policies in place that covered the MCA and making decisions in a person's best interests. The registered manager told us no-one lacked the capacity to consent to their care at the time of our inspection; however the policies and form to assess a person's capacity were in place should these be needed at a future point.

People told us staff asked them for their consent before they provided any care. One person told us staff always asked, "What can we do for you?" before they started to help the person. One family member told us staff respected their relative's views to refuse their care. They told us staff would always call them to let them know if they had refused part of their care. They told us, "[Staff member] is very good; they have a good rapport and they know how to encourage [my relative]; but they wouldn't force them." Records showed people had signed to give their consent to their care plans. Care was provided with people's consent; procedures were in place should a person lack the mental capacity to consent to their care.

People told us they felt staff were skilled and knew how to care for them. One person told us, "Staff know how to help me," and, "[Staff] have done wonders." Another person told us, "Staff know what they are doing." People also told us any new staff were introduced by more experienced carers. One person told us, "New ones usually come with someone to introduce them."

Staff spoke highly of the training they received. One person told us, "I really enjoyed it." Another person told us, "The hoist training is fantastic and practical." They told us the training helped them understand how it felt to be the person being hoisted. As such, this helped them be to reassure people when assisting them to mobilise. Records showed staff had been trained in areas relevant to people's care needs, including dementia, first aid, food hygiene and infection prevention and control. Staff also attended training on more specific care needs, such as when people took their food directly through a tube. New staff also completed the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. Staff had the skills and knowledge to care or people.

Staff told us they received support from the registered manager when this was needed. One staff member told us the registered manager was, "A supportive manager; they will stop everything and talk to you." Another staff member told us they found the on call phone line supportive. This meant the registered manager was contactable by staff and people for any emergencies out of normal office hours. Records showed recent supervision meetings had been held with staff. Supervision provides staff members with the

opportunity to reflect and learn from their practice, receive personal support and professional development. Records showed these areas were discussed with staff. In addition, records showed staff practice was observed to ensure staff competency and feedback was given to staff on where they had done well and any areas that required improvement.

People who received care with their meals and drinks had sufficient to eat and drink. One person told us, "[Staff] make fantastic drinks;" they went on to tell us staff always left a drink within reach when they left. Another person told us staff, "Always ask," what they wanted for lunch. One family member told us how much their relative had enjoyed it when staff went out and fetched them fish and chips'. Records showed people's food and drink preferences had been discussed, for example, one person only liked milky coffee. If people required addition aids to help them with their drinks and meals, these had been identified. For example, one person preferred drinks from a lidded beaker; another person required food to be of a certain texture. People received care so that they had sufficient food and drink that met their preferences and needs.

People were supported to access other healthcare services when required. One person told us, "[Staff] get the doctor if needed." One family member told us, "[Staff] do ring me if [my relative] is not well." Records showed the service had contacted social workers, occupational therapists and doctors when required with any concerns they had identified. The service helped people to maintain good health as they identified when access to other healthcare services was appropriate.

Good

# Is the service caring?

## Our findings

People told us staff were caring. One person told us, "[Staff] are so helpful and wonderful; they always have a smile; they are very caring and kind; they have a laugh and a joke with me." Another person told us staff were, "Very pleasant." A family member told us, "There are very nice people who are going in; [my relative] has really taken to some of them." They went on to tell us, "They do go beyond," and the service was also, "Supporting me," because of the care they gave to their relative.

People told us staff were considerate. One person told us, "[Staff] always ask if I need anything else doing before they go." Another person told us staff were, "Nice and tidy in the house." We also read feedback from one person; they said, "I have a great team relationship with [staff]; we are working as a team." People received care from staff who were caring and considerate.

In addition, people told us staff promoted their dignity, privacy and independence. One person told us, "Staff are good at maintaining my privacy and dignity." Another person told us staff provided help, "With respect." Whilst another person told us how staff helped them to maintain their independence and only helped them with what they were not able to do. We read comments from another person that stated the care they received was, "Going brilliant; I feel like an adult." Care was provided with respect and to promote people's independence, dignity and privacy.

People told us they knew about their care plan. One person told us, "They did talk about my care needs." Another person told us, "The [care plan] is in my room." A family member told us, "We discussed at the first meeting with them what they could do." Records showed care plans had been discussed with people. During our inspection we spoke with staff who had visited a new person and their family to discuss their care; they told us they had left their care plan for them to read and they would go back out and check the person was happy with it." People and when appropriate, their families, were involved in planning people's care.

People also told us they felt listened to. One family member told us, "Our views were taken on board." Records showed people's views and preferences had been gathered and used to plan their care and support. This included people's preferences for which staff cared for them as well as preferences for how people wanted their care provided. People, and their family members when appropriate, were involved in planning what care and support was needed.

Good

# Is the service responsive?

## Our findings

People contributed to the assessment and planning of their care. One person told us, "[Staff] review any changes; they're good at that; they have a chat." They also told us the family member was involved in any reviews of their care plan. One family member we spoke with told us they were involved in a meeting with a social worker and a staff member to review the care provided to their relative. They also went on to say any requests they made were acted upon. They said, "If I leave a note; it's done." Records showed care plans had been regularly reviewed with people and their families when appropriate. People contributed to their care plans and ongoing reviews of their care.

People we spoke with told us staff knew them well and understood their views and preferences. Records showed where staff had adapted a person's care based on their ideas. This had resulted in improvements for the person and staff reported they were, "Less upset and more happy," with their care. Staff had also been able to contribute their knowledge of a person as they got to know them more. Records showed people's choices and preferences, for example people's preferences for food and drink. The registered manager also told us how people's preferences for which staff cared for them were also taken into account when staffing rotas were planned. People received personalised and responsive care that respected their views and preferences.

The registered manager told us they ensured a person's cultural view of not wearing shoes in their home had been considered as part of their care. They told us their view was balanced with the requirement for staff to have foot protection when using a hoist. They told us staff used overshoes to respect this person's wishes and at the same time this ensured staffs' feet were protected. People's cultural views and preferences were known and respected.

People we spoke with told us they had no reason to complain about the service; however they told us they would feel confident to complain should they need to. One person told us, "I'm very happy with them." Another person told us, "I can't fault them." They went onto tell us, "I always see the [registered manager] if they are on the run; they always ask me if I'm happy with everything. Another person told us "I've contacted the office if needed and the [registered manager] always asks me how it's going."

People received information on how to make a complaint if they needed to and there was a policy and procedure in place to manage and investigate any complaints received. Compliment and thank you cards had been received from people and these had been displayed in the office. People were able to complain or make feedback on the care they received.

Good

# Is the service well-led?

## Our findings

One family member told us, "[The registered manager] goes to do a spot check; they like to know if something isn't right." Records showed spot check audits were completed at people's homes on staff conduct, performance and record keeping. In addition, medicine administration notes were checked on these visits and we were also told MAR charts were audited when they were completed and sent to the office. We saw the registered manager reviewed accidents and incidents when these occurred and told us care plans and risk assessments were updated if needed. Systems and processes designed to reduce risks to the health, safety and welfare of service users were in place.

The service is required to have a registered manager and the registered manager was also the provider. The registered manager was aware of their responsibilities and to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about.

One person told us, "It's okay to chat with [registered manager]; I know them." They went onto tell us when they mentioned an issue to the registered manager they went to visit them to discuss it and it was resolved. One family member told us, "[The registered manager] will see me; will always make the time to talk; they want you to be happy."

The registered manager was involved in the day to day running of the service and also provided care to people. They told us this was part of their philosophy and helped them to feel confident of the standards and consistently of care their staff provided. They also told us it was important for people to know who they were and to have regular contact with them. All the people we spoke with told us they knew and had regular opportunities to meet the registered manager. They also said the registered manager always took the opportunity to ask them if they were happy with their care.

The registered manager was supported by an office administrator and care coordinator, along with the care staff. An operations manager, whose role was designed to support the registered manager with the day to day running of the service, had recently left. The registered manager told us they intended to recruit to this position as soon as they were able as the role covered management duties that were currently covered by the registered manager.

The registered manager demonstrated an open and approachable style of leadership. People and staff told us they were comfortable talking with them. One family member told us, "I can ring [the registered manager] up and it's resolved; I don't worry about talking to them; they're approachable." Staff we spoke with shared this view. One staff member told us, "[Registered manager] deals with things fairly; they are approachable." The service was led with an open management style.

The registered manager had also taken actions to develop the service by working with other nationally recognised initiatives. These included 'Dignity in Care' and 'Dementia Friends.' They told us they had also made improvements to terms and conditions of staff employment with the aim of improving staff retention. The registered manager developed the service in line with nationally recognised initiatives and had taken

action to help retain staff.

Staff we spoke with told us they enjoyed their role. One staff member told us, ""It works well; team working and all good relationships." We saw staff meetings provided staff with opportunities to share views as well as receive any updates from managers. Most staff told us they had attended these and found the registered manager easy to contact in between meetings should they need to. These meetings provided opportunities for staff to contribute as well as reinforcing good practice. Staff were motivated in their role and had opportunities to contribute to developments.

People we spoke with told us they were satisfied with the service they received. The service also collected people's views through a survey type questionnaire. The responses we reviewed were positive and the registered manager told us these would be analysed and used to further develop the service. People's views were gathered and people were involved in the way the service operated.