

Just My Pa Ltd

# Link House

## Inspection report

140 The Broadway  
Tolworth, Surrey  
Surbiton  
KT6 7HT

Date of inspection visit:  
16 December 2021  
12 January 2022

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11 February 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Link House is a domiciliary care provider delivering personal care to people living in their homes. Some people lived in their own homes, others lived in supported living schemes with separate tenancy agreements which were typically shared homes set in residential areas.

At the time of the inspection, there were 15 people using the service. Not everyone who used the service received personal care and there were 7 people receiving personal care at the time of the inspection. The Care Quality Commission (CQC) 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.

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

People receiving support from the provider were not kept as safe as they could be. Risk assessments for people were either incomplete, did not sufficiently identify all the areas of risk or were not reviewed regularly. In addition, medicines management was not safe. Medicines records were not accurately maintained and staff did not receive refresher training in medicines management.

The service was not always effective. Staff did not receive up to date training and were not always given the opportunity to reflect on their working practices through regular supervisions.

Care or support plans for people were not always reviewed and key worker meetings did not take place regularly.

The service was not managed consistently managed. This was because although quality assurance checks had identified the issues we found during this inspection, the provider had failed to take appropriate action to address these.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. We found the model of care and setting maximised people's choice, control and independence and people using services led confident, inclusive empowered lives. However care was not always person-centred.

People felt safe living in their individual homes and relatives were also happy that their family members were safe from harm and abuse. People received continuity of care from a team of support workers who

were familiar with their personal needs and wishes and daily routines. There were enough staff employed by the service and there were safer recruitment checks in place. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.

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; however, the policies and systems in the service did not support this practice. The staff supported people with their nutrition and ongoing health support needs. The provider completed pre-assessments of people's support needs before they started to support them. The provider met people's dietary needs and they were supported to access the appropriate community health and social services if required.

People's communication needs were met and they were supported to access the community and local amenities to avoid social isolation.

We have made some recommendations to the provider to clearly record discussions related to best interests decisions for restrictive practices and ensuring records are current.

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.

This was the first inspection of the service since it registered with the CQC on 21 June 2021.

Why we inspected

The inspection was prompted in part due to concerns received about the way the service was being managed. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the key questions Safe, Effective, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Link House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and in a number of 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager currently registered with the CQC. 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

This inspection was announced. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 December 2021 and ended on 12 January 2022. We visited the office location on 16 December 2021 and 12 January 2022. We visited two supported living services on 06 and 12 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this

information to plan our inspection.

We did not ask the provider 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.

During the inspection

We spoke with three people using the service, three relatives, the registered manager, two team leaders and two support workers.

We reviewed a range of records. This included four care records, two staff recruitment files and a variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We received feedback from four healthcare professionals. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

### Assessing risk, safety monitoring and management

- Although there were risk assessments in place for people, records were not completed appropriately and we could not be assured they were effective in always capturing areas of support that people needed.
- We found that some risk assessments had not been reviewed in over a year and the evaluation section was incomplete.
- In one's person's initial assessment it stated that there were risk factors around physical aggression and depression. However, these were not included in this person's risk assessment. In their risk assessment it stated there was a risk around challenging behaviour but the section to manage this was blank. In another example, where there was a risk of absconding there was no risk assessment in place for this.
- The provider's own audit report from July 2021 identified the risk assessments needed improving. It said, "Risk assessments were either unsigned or out of date. Actions offered some guidance on how to prevent risks from occurring but could be clearer on action to take should a risk occur. Risks could be better explained to give staff context and understanding." However, the provider had not taken any action to remedy these identified issues.

We found no evidence that people had been harmed as a result of risk management plans not always being available to staff to follow, however this failure has placed people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw some examples of risk assessments that encouraged positive risk taking of activities of daily living and included actions needed to reduce the risk so people could take part in them in a safe way.
- There were positive behaviour support plans in place and these provided support workers with potential triggers and strategies that they could use to support people to reduce incidents of challenging behaviours.

### Using medicines safely

- People did not always receive their prescribed medicines in a safe way.
- There were medicines profiles in place for people which included their allergies, any medical conditions and details of their GP. They also included a list of their medicines. However, these had not been reviewed since June 2019, although it stated they were to be reviewed at least once a year.
- We found instances where Medicine Administration Records (MAR) were not completed correctly for people. Therefore, it was not clear if people had been administered their prescribed medicines. In one MAR chart covering the period 29 November 2021 until the day of the inspection, support workers had not signed a number of instances. The provider also had a system to mitigate against this where a second member of

staff signed a 'witness' MAR chart. However, in the example we reviewed the main and the witness MAR charts did not correlate and there were discrepancies between the two.

We found no evidence that people had been harmed as a result of medicines practice, however this failure has placed people at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- There were enough staff employed to meet people's needs. There were teams of support workers assigned to support people. This helped with consistency of staff and meant that people were supported by staff who were familiar to them.
- Recruitment checks were robust and safe. Appropriate pre-employment checks were completed on new staff which meant they were safe to support people. These included references, proof of ID, and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- The provider kept people safe from harm or abuse.
- People using the service told us they felt safe in the presence of support workers. Relatives of people using the service told us they had no concerns. Comments included, "We visit every day, [family member] is safe."
- Staff were aware of what to do if they suspected a person was at risk of harm. Comments included, "Safeguarding is protecting the client and keeping them safe from harm, I would report any concerns to [the registered manager]."

#### Preventing and controlling infection

- People were protected from the risk of infection. This was because we were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors to the service had their temperature taken and asked if they had recently displayed symptoms of COVID-19.
- We were assured that the provider was accessing testing for people using the service and staff.
- There were systems in place to check staff and visiting professionals vaccination status.

#### Learning lessons when things go wrong

- There were systems in place for staff to record and report accidents and incidents.
- Incidents and accidents included ABC charts, which is an observational tool that allows recording of information about a particular behaviour. These were used to determine if there were any patterns of trends to any incidents and shared with the appropriate professionals.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Support workers received training and supervision from their managers, however we could not always be assured that this was consistent as the records maintained by the provider were not always clear.
- For example, the dates shown on the staff training matrix did not correlate with the dates on the individual training certificates seen.
- Staff told us they had the opportunity to discuss their development needs and provide feedback about the people they supported. However, formal supervision sessions were not consistently completed. The registered manager told us the expectation was to complete a formal supervision every quarter and a workplace supervision every six weeks. However, she acknowledged they were not always meeting these targets. Staff still had the opportunity to meet during group meetings and discussions with the team leaders or the registered manager.

We recommend the provider maintains accurate training records so they can be assured that staff have received the appropriate refresher training.

- The induction pathway for new support workers included an interview, meeting people using the service in their homes and completing a two day induction training which included an introduction to the service policies and procedures, and topics considered mandatory such as health and safety, medicines safeguarding and risk management. New support workers also completed two days shadowing a more experienced support worker in people's homes to get familiarised with the role.

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 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 to receive care and treatment with appropriate legal authority. 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in supported living schemes had individual tenancy agreements. However, records were not always appropriately maintained. For example, one person was assessed as not having the capacity to consent to their care and their living arrangements. Therefore, a decision had been made in their best interest to agree for this. This person had a tenancy agreement written in an accessible format. However, in another person's care plan, although they had a tenancy agreement, it was not clear if this had been signed in the person's best interests by their representatives or other responsible person. There was no mental capacity assessment in place in relation to this person's living arrangements.
- There were restrictions in place for some people using the service, including one person on 3:1 staff supervision and limited access to internet enabled devices and others on 1:1 supervision which amounted to a deprivation of their liberty. Although it was evident that these restrictions had been put in place by the social workers and were in their best interests, there was no community DoLS in place.

We recommend the provider has a more consistent method of recording decisions based around consent, best interests decisions, and DoLS. We will follow this up at the next planned inspection of this service.

- Support workers were familiar with the MCA and what to do if there were concerns around people's capacity to make decisions. They told us, "[Person] doesn't have the capacity to make decisions on their own. We have to act in their best interests and speak with their [family members]."

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

- The registered manager talked through the assessment process that was completed before they started to support people. This included carrying out a needs assessment to determine people's support needs and if they could be met. These were shared with the relevant people, including people, their next of kin and professionals such as social workers. Support plans were written up and consent sought to start providing support.
- A relative told us that the initial assessment had been a smooth process and they were happy that their family members needs were being met.
- Pre-assessment records included details about people's background, the reason for referral, and their communication, leisure, physical health, eating and drinking and behavioural support needs. These included input from people, relatives and professionals.

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

- People were supported to maintain a balanced diet.
- People that we spoke with did not raise any concerns around the support they received in relation to their food.
- Staff said they prepared meals according to people's choices and preferences. One support worker said, "[person] eats by themselves but we prepare the meals for them."
- Person-centred support plans included people's preferences in relation to their food choices, including foods they liked and their support needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's ongoing health and support care needs were being met by the provider.
- People had health and wellbeing support plans in place which included details about their needs. Hospital Passports for people were in place if needed in the event of hospitalisation.
- We saw evidence of partnership working with external healthcare professionals such as physiotherapy

services and community mental health services. One healthcare professional said, "The service user's needs are met and his mental health has improved since discharge from hospital, which is a tribute to the team."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated well and their diverse needs were met by the provider.
- People using the service told us they enjoyed the company of their support workers. They told us their care staff treated them with respect and were friendly and looked after them well. Relatives of people using the service told us their family members were looked after and that support workers were kind and caring. Comments included, "He is happy", "They look after him" and "The carers are fine."
- Care plans included details of people's support needs, including any cultural or religious needs.
- Teams of support workers were assigned to support people, this meant they were able to develop meaningful relationships with them. This was reflected in the feedback we received from people and their relatives but also from speaking with staff. They demonstrated an understanding of people's support needs but also support them in a way that was respectful and non-discriminatory. They said, "We look at clients as people with their own needs and wants. We respect them as individuals."

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

- People's care plans were person centred and contained their individual preferences and details about how they wanted to be supported. For example, things that were important to them, how to support them according to their needs, their life history and a one-page profile. This meant that their views were considered and demonstrated their involvement in their care planning.
- Support workers told us it was important when supporting people to do so according to their needs. They said they were always careful to ask people and offer them a choice and to respect those choices.

Respecting and promoting people's privacy, dignity and independence

- People lived independent lives and were supported by staff to do so. Support workers spoke about the importance of encouraging people to maintain their independence and how they did this. They said, "They need help with personal care but we try and encourage them to be as independent as possible, for example we help them shower but they wash themselves."
- One healthcare professional said, "They are flexible and make efforts to promote independence where possible."
- Care plans included areas of day to day living that people needed help with and their level of independence. They were written in a way to promote independence and encourage people to remain as independent as possible.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans included things that were important to people and the areas they needed some help with. For example, activities, relationships, health and wellbeing and aspirations and life choices.
- There were personalised support plans in place for people, these included a weekly planner for staff to support them during the day and the evening.
- Staff completed daily care notes with details of the support provided to people on a day to day basis. Handover notes were also completed for the incoming shift staff to review.
- Some care records had not been reviewed in line with the provider's own policy. For example, some support plans had not been reviewed since November 2019. One person's care plan was dated July 2020, the community forensic mental health service had reviewed their care after this, in February 2021. There was no evidence that the person's care plan had been updated to reflect any new changes.
- Support workers held keyworker meetings with people however these were not carried out consistently and actions from previous ones or targets were not always followed through. One person had support plans which included some 'quality of life markers' including supporting them to find employment, supporting them to find activities and sports to take part in, and support with healthy choices. It was not evident from the records whether these were being reviewed by support workers regularly.

We recommend the provider reviews its system for ensuring care plans are updated to reflect people's personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service had a disability, impairment or sensory loss that needed extra support in relation to their communication needs. There were communication support care plans and communication passports in place to help with this.
- Support workers spoke about how they interacted with people with communication needs. One support worker said, "[Person] is non-verbal, we use a system of pictures and gestures to help them make a choice and there is a communication board in place."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People lived independent lives and accessed their local community and leisure facilities.
- People had community, life and leisure support plans in place which included the type of activities they wanted to take part in and the ways in which support workers could support them. Some people were attending college where they were able to learn new skills.

#### End of Life Care

- Although the service primarily cared for younger adults, there were advanced care plans in place to capture their end of life wishes.

#### Improving care quality in response to complaints or concerns

- The registered manager told us that people or their relatives usually contacted her or the team leaders directly if they had any concerns or issues to raise.
- People and their relatives that we spoke with during the inspection told us they did not have concerns but would usually contact the team leaders if they wanted to discuss anything. One relative that contacted us prior to the inspection said they had raised some complaints with the managers and these had been acted upon. The provider documented these as 'expression of dissatisfaction' and ensured they were responded to.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out a scheme overview audit in July 2021 to monitor the quality of service. This identified a number of areas of improvement similar to the ones we found during the inspection. For example with regards to care planning the report stated, "Support plans were in place but not always signed or in date", "The main body of the support plans can appear confusing due to inconsistent statements" and "There isn't evidence of who has read and understood the plan." Other areas of concern identified in the audit were risk assessments, medicines, consent and staffing.
- The provider did have an action plan in place, however this was not effective in addressing the issues that were identified in the provider's internal audits.
- The provider had failed to notify CQC of some incidents where the police had been called. We raised this with the manager on the day of the inspection who acknowledged this oversight. She assured us that moving forward all statutory incidents would be submitted.
- Care plan reviews, key worker meetings, individual staff supervisions and group meetings did not take place regularly.

The above identified issues are a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some aspects of the service were not managed in line with regulatory requirements. During the inspection, the registered manager confirmed that some people receiving personal care support were living in supported living schemes with a separate tenancy agreement with a housing provider. This was not reflected in the service's CQC registration which stated it was a homecare agency and did not include supported living scheme. The provider's statement of purpose did not reflect this either. We raised this with the registered manager on the day of the inspection and advised they update their registration and statement of purpose. The registered manager acted promptly and we subsequently received a notification of change to reflect this.

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

- We received positive feedback about the registered manager from staff. Comments included, [She] is

supportive, always available" and "I enjoy working here, we work well together."

- However, there was mixed feedback from relatives of people who told us they mainly liaised with team leaders and did not communicate with the registered manager. One relative said, "I would like more contact [from the registered manager] but she is contactable" and "We get very little feedback from [registered manager] the main contact is [the team leader]."
- We were assured that there was a positive and open culture within the individual supported living services. Feedback from people was positive, and they felt they could be open with their support workers.

Working in partnership with others

- The provider worked with external health and social care services to support people using the service, this included community mental health teams and social care professionals.
- We received positive feedback from the healthcare professionals we contacted regarding provider engagement. They told us that the provider supported people with challenging needs and often went out of their way to ensure people's needs were being met. One healthcare professional said, "The carer knows the service user very well, and will contact health professionals when required."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to always ensure they assessed and did all that was reasonably practicable to mitigate health and safety risks people might face.</p> <p>The provider had failed to ensure their prescribed medicines were always properly and safely managed. Regulation 12(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers oversight and scrutiny processes were not always effectively managed. Regulation 17(2)(a)</p>