

The Link Care Nursing Agency Ltd

Link Care Barnet

Inspection report

218 Woodhouse Road
London
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07 January 2021

11 January 2021

13 January 2021

18 January 2021

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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?	Good ●

Summary of findings

Overall summary

About the service

Link Care Barnet is a domiciliary care service. It provides personal care to people living in their own homes and flats in the community. The service supports older people with a range of physical, sensory and learning disabilities as well as people living with dementia. At the time of this inspection there were 40 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives of people using the service spoke positively of the service and the care and support that they received stating that they had developed caring and respectful relationships with the care staff that supported them.

People told us that they felt safe and confident with the care staff that supported them. Staff knew the signs to look for if abuse was suspected and told us of the actions they would take to protect people from abuse.

Care plans detailed people's identified risks associated with their health and care needs, with clear guidance to staff on how to manage those risks to keep people safe.

Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

People and relatives confirmed that overall they were supported by staff that they knew, who arrived on time and always stayed their full allotted time. Recruitment processes followed ensured that only those staff assessed as safe to work with vulnerable adults were employed.

People were supported by care staff who had been appropriately trained and were skilled in their role. Care staff told us they were regularly supported through supervision and annual appraisals.

People were supported to eat and drink enough where this was an assessed need. The service supported people to lead healthy lives and supported them to access relevant health care services where required.

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.

Care plans were person centred and detailed, giving care staff the appropriate information and guidance to

support people with their needs and wishes.

People and relatives knew who to speak with if they had any complaints and were confident their concerns would be dealt with appropriately and in a timely manner.

Management oversight processes in place enabled the service to monitor the quality of care people received. Where issues were identified these were addressed immediately with further learning and development implemented to improve people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection. The service was registered with us on 17 July 2019 and this was the first inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Link Care Barnet

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.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 7 January 2021 and ended on 18 January 2021. We visited the office location on 11 January 2021. The other days were spent reviewing records, speaking to staff, people and their relatives who used the service.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the office manager. We reviewed a range of records. This included four people's care plans and five people's medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with five people using the service and seven relatives of people using the service. We also spoke with five care staff. We looked at a further four care plans. We continued to seek clarification from the registered manager 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt assured and safe with the care and support that they and their family member received. One person told us, "Very safe, they provide a very good service." A relative said, "I think so, they follow all the guidance rules on safety."
- Policies and procedures in place gave direction and guidance to staff on how to safeguard people from the risk of abuse and the steps to take to report their concerns.
- Staff had received safeguarding training and demonstrated a good understanding of the different types of abuse, how to recognise potential signs and the actions they would take to report their concerns.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report all concerns. Where concerns were raised, learning and improvements were reviewed discussed with all staff.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care needs had been comprehensively assessed, managed and monitored to ensure people were supported to remain safe and free from harm.
- Risk assessments detailed how the risk affected the person and provided guidance to staff on how to minimise and manage the risk to keep people safe. Assessed risks included the environment, skin integrity, infection, specific health conditions such as diabetes, moving and handling and behaviours that challenge.
- For certain specific assessed risks and health conditions, the service provided staff with reference documents which detailed information about the condition, signs and symptoms to look for and actions to take. These were attached to the person's care plan where required.
- Relatives told us that care staff understood their family members risks and supported them accordingly. One relative told us, "Yes, staff are very aware of potential risks, very thorough, we are very satisfied with them."
- Risk assessments were reviewed and updated every six months or sooner where significant change was noted.

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks completed included the completion of an application form, criminal record checks, evidence of conduct in previous employment, right to work in the UK and proof of identity.
- Whilst all checks required had been completed, we did note that a full employment history had not always been obtained and gaps in employment had not always been robustly explored with potential staff. We

highlighted this to the registered manager who made note of this for all future recruitment.

- People and relatives told us that care staff almost always arrived on time and stayed for their allotted time. Where staff were running late people were always informed of this. One person said, "They tell me if they are running late." A relative told us, "They usually arrive on time, they've never let us down."
- The provider was using an electronic call monitoring system. This enabled the service to schedule and monitor people's care calls in real time and ensure that care staff arrived to their calls on time and that calls were not missed.

Using medicines safely

- People received their medicines safely and as prescribed. Policies and processes in place supported this.
- People's support needs in relation to medicine administration was clearly documented with their care plan including the most current list of medicines prescribed, how and when they should be administered.
- Electronic care planning systems in place enabled the service to monitor and ensure people received their medicines on time.
- Medicine administration records were complete and no gaps in recording were identified.
- Care staff received medicines training and their competence was assessed to ensure staff had understood their training and were implementing the correct procedures when administering medicines.
- Monthly audit processes enabled the service to monitor and ensure people received their medicines as required. Where issues were identified as a result of the audit, these were addressed immediately with the care staff involved.

Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic. The registered manager listed several processes they had put in place to ensure people and staff remained safe and protected from infection.
- People and relatives confirmed that the care staff that supported them used the required personal protective equipment (PPE) to keep them safe. One relative stated, "They are very good about washing their hands and wearing PPE."
- Care staff had access to a variety of PPE which included gloves, masks, face visors, shoe covers and hand sanitising gel.
- Care staff told us and records confirmed that they had received training on COVID-19, infection control and the correct use of Personal Protective Equipment (PPE).

Learning lessons when things go wrong

- All accidents and incidents were reported and recorded with details of the accident/incident, immediate actions taken, the outcome and any follow up actions to be taken.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-occurrences.

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

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

- People's needs and choices were assessed upon referral to determine whether the service was able to effectively deliver care and support in line with current standards and best practice.
- Assessment of need involved the person, the person's relative or representative and any involved health and social care professionals.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act. For example, people were asked about their religious or cultural needs so that this could be considered as part of the care planning process.
- Comprehensive care plans and risk assessments were developed based on the information gathered at assessment.

Staff support: induction, training, skills and experience

- People were supported by care staff who were appropriately skilled and trained to deliver care and support effectively.
- People and relatives told us that they believed care staff knew their jobs well and demonstrated the required knowledge and skills when supporting them. One person said, "Yes, I would think so." A relative told us, "Most are trained well; all know the requirements for looking after my relative."
- All staff received an induction when they started working for the service which included training and a period of working alongside a more experienced member of staff.
- Following the induction period, care staff stated that they were required to complete regular training on a rolling basis which helped them refresh their knowledge and deliver safe and effective care. Specialist bespoke training was also provided to meet people's specific identified needs.
- Care staff stated that they were very well supported through regular supervisions and annual appraisals. Care staff also told us that the registered manager and office management were always available when required to support them in their role.

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

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- People and relatives stated that they were appropriately supported with their meals where required. One person told us, "They will help me with the microwave." A relative explained, "I do all the food preparation and one of the carers sits with them to make sure they eat it."
- People's likes and dislikes about food, drink and the support they required, had been documented within their care plan. Where people had specialist dietary requirements or cultural and religious preferences these

had also been clearly recorded.

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

- Processes in place supported people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an identified need.
- Care plans listed people's health and medical conditions and provided information and guidance to care staff on how people were to be supported with these.
- Care staff explained that they knew the people they supported well and gave examples of how they would recognise ill health or concerns and the actions they would take.
- People and relatives told us that they had confidence in the care staff that supported them and were assured that they would request assistance where required especially in an emergency. One relative stated, "I would think they would call a GP or ambulance if needed."
- Care staff recorded details of the care and support provided to people at each care call. This ensured effective communication exchange between the care staff team and other visiting healthcare professionals.
- Where referrals had been made requesting specific support from a specialist healthcare professional, this was documented in the person's care plan with the details of the referral and the reasons for the required support.

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 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.

- People had signed their care plans consenting to the care and support that they received.
- Where people were unable to sign, their relatives told us that they had been involved in the care planning process on behalf of the person.
- Care plans recorded people's capacity to make decisions. Where people lacked capacity to make decisions, the service recorded decisions that had been made in the person's best interest.
- Care staff demonstrated a good level of understanding of the MCA and explained the importance in involving people in all aspects of their care delivery, in line with the key principles of the MCA.
- People and relatives confirmed that staff always sought consent whilst delivering care and support and ensured their wishes and choices were always considered. One person said, "They always ask my permission, never do anything without my consent."

One relative said, "Yes, they do ask consent, certain girls are more at ease with my relative, they always talk to [person]."

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 and relatives spoke highly of the care staff and of their caring nature. Comments from people included, "I am telling you, they are so good, so kind. Help me do my exercises, help me any way they can" and "Yes, they are very caring, have a coffee with me, ask how I am. I definitely think they are caring."
- Relatives feedback included, "Yes, they are very kind and caring. Been with the agency eighteen months and up to now, not had any problems" and "They really care about [person] well-being."
- Care staff spoke about how they had established positive and caring relationships with the people they supported and their relatives which helped them to deliver good, person centred care. One care staff explained, "I kind of know what they like and don't like, I ask them questions, get to know them, we do try and like show them we are here to help them. We act professionally, talk to them and build their trust."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's religious and cultural needs had been documented in their care plan and staff were aware of these.

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

- People told us and records confirmed that they had been involved in decisions made about their care provision.
- Care plans documented people's needs, preferences, likes and dislikes on how they wished to be supported.
- People were supported to express their views and choices on how they wished to be supported. One person explained, "Yes, I was involved in setting it up. Had to have a care plan in place before I was discharged from hospital." One relative told us, "Two people from the agency came out to assess [person's] needs, went through it with me and they did another review last year."
- Care staff described person centred care, listing ways in which they made sure people received care that was individualised and personal to them. Care staff stated that getting to know people was key. One care staff explained, "You include the person in their care at all times. Make sure they are involved, talk to them it's all about the client."

Respecting and promoting people's privacy, dignity and independence

- People and relatives stated that care staff were always respectful of people's privacy and dignity and supported them with respect. One person told us, "The way they enter this place, they are so respectful." Relatives comments included, "Most certainly, they are very respectful" and "Yes, most respectful, always put relative at ease."
- Care staff also gave us various examples of how they respected people's privacy and upheld their dignity. One care staff told us, "I make sure all the curtains closed, doors are closed, putting a towel over them to

cover them during personal care and enable them to feel like an individual."

- Care plans promoted people's independence and guided staff on areas where they were able to do things for themselves.
- Care staff told us and explained how they encouraged people to do as much for themselves as they were able and comfortable in doing. One of the care staff said, "As long as people are not restricted in what they can do and they are safe let them do what they can do let do, pick what they want to wear."

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 met through good organisation and delivery.

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

- People received personalised care and support that had been designed and planned to meet their needs and preferences.
- Care plans were comprehensive and detailed people's health and care needs as well as their likes and dislikes and how they wished to be supported.
- People and relatives told us that care staff always listened to them and responded to their needs accordingly. One person told us, "The management and carers listen to me, I can talk to them about anything." A relative stated, "Yes, they listen to my relative, they are very responsive."
- Care staff told us that they had got to know the person they supported. This involved talking to the person about their life and their likes and dislikes. One care staff explained, "It's about engaging with them and communication, find out things by really talking to them, engaging conversation, they open up a little every time, you understand things about them."
- People and relatives told us that the service regularly reviewed their care needs and they were fully involved in the review process. One relative told us, "The agency visited and we discussed relative's care needs."

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.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan. This included information about any support aids that the person may use to support them with their hearing or their eyesight.
- Staff we spoke with were aware of and knew how to support people with their communication needs.

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

- The service supported people with taking part in daily living activities and pursuing their interests where this was an identified need.
- Care plans documented the support or assistance required for people to follow their interests or participate in certain activities. One relative told us, "They [care staff] take [person] out every day to the park for half an hour."

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Complaints received had been documented, investigated and responded to with details of the actions taken and resolution of the complaint.
- People and relatives knew who to speak with if they had any concerns and were confident these would be addressed immediately. One person said, ""I would contact the office." A relative explained, "The agency is very approachable, any complaints, agency will always ensure it doesn't happen again. Issues are always resolved quickly; they are very approachable."

End of life care and support

- The registered manager confirmed that they do support people with their end of life care.
- End of life wishes were considered with people and their relatives as part of their needs assessments. However, the registered manager explained that people and relatives were not always comfortable discussing end of life and therefore wishes were unable to be documented.
- The registered manager stated that they would further consider and emphasise end of life care planning when assessing needs to ensure people's end of life wishes were appropriately met.

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

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

- People received a person-centred, open, inclusive and empowering service which achieved good outcomes for them.
- Comprehensive and robust care planning ensured people received care and support designed to support them as individuals.
- People and relatives spoke positively of the service they received and the way in which the service was managed. Relatives feedback included, "I am really happy with them; they are very caring and handle staff well. Management is very responsive" and "Having had two very bad experiences with previous agencies, I just think I've had a very good experience with this company."
- Care staff told us that the service aimed to deliver care and support that aligned with their values of 'Link, Enjoy, Care and Support.' One care staff stated, "They make sure that we remember the values of the company and they do stand by them."
- Care staff spoke highly of the office staff and the overall management systems in place, stating that they felt confident and empowered to approach management at any time and were well supported in their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Electronic management systems in place enabled the registered manager and field care supervisors to monitor and oversee the quality of care people received in real time. The service was able to continually monitor and check that care staff arrived at their care calls on time and people had received their medicines on time.
- Audits and checks covering medicine administration, daily recording, care plans and staff recruitment files were also undertaken to oversee and monitor the quality of care people received. Where issues were identified details of the actions taken and improvements made were documented.

- Staff were observed in their usual work practice during 'spot checks'. These were to check that staff were working to the required standards.
- The registered manager also reviewed and analysed all safeguarding concerns, complaints and accidents/incidents to implement improvements and promote further learning and development of the service.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- An on-call system was in place for any out-of-hours issues that may arise. Staff told us that they were always able to access a member of the management team.
- The registered manager and management team present were all positive about the inspection and welcomed the opportunity to receive feedback. The service was keen to focus on further learning and development to continually improve the quality of care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us that they had all been involved in the care planning and review process. Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic, to check up on people's health and mental well-being and to give them relevant updates.
- People and relatives knew the registered manager and office staff well and told us that they always responded to their requests and concerns. One relative told us, "[Office manager] is the owner, he's always accessible and responsive. Ensured my relative was well looked after when I had to travel abroad, I spoke with him daily."
- The registered manager stated that being local meant that they were able to visit people as and when required in order to address their concerns and deal with any queries they may have.
- People and relatives had also provided feedback about the care they received through the completion of six-monthly satisfaction surveys. Where issues had been noted these had been acted upon to make the required improvements.
- Due to COVID-19 the service had not held any formal care staff meetings in the last ten months. Care staff told us and records confirmed that in the absence of meetings they received regular supervision, telephone calls, emails, memos and updates about relevant and current guidance which supported them in their role.
- Where care staff had attended the office for other specific reasons, the registered manager took this opportunity to provide relevant and current updates and guidance.
- The service worked in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- Where referrals had been made, appointments or ongoing engagement with other health care professionals, this was clearly documented in people's care plans with details of outcomes and actions to be taken.