

Carelink Healthcare Professionals Ltd

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Inspection report

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Tel: 01162513373

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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

The inspection took place on 19 May 2016 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The service provided personal and nursing care to people living in their own homes. The service supported people with a range of needs including people who were older, had a physical disability, were living with dementia, had a sensory disorder or who had a learning disability or Aspergers. At the time of inspection there were 15 people using the service.

The service had 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 told us that they felt safe when staff supported them and that there were enough staff to meet their needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People were supported to take their medicines by care workers who had received training in medicines management.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

People were supported to maintain a balanced diet where they were supported with eating and drinking. People were supported or prompted to access healthcare services.

Care workers were supported through training and supervision to be able to meet the care needs of people they supported. They undertook an induction programme when they started work at the service.

Staff told us that they sought people's consent prior to providing their care.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People were involved in the assessment and review of their needs.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring in relation to the quality of the service that people received.

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.

People were protected from risk of abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine safely.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

Where staff supported people with eating and drinking people were supported to maintain a balanced diet. People were supported or prompted to access healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff were caring. People were involved in decisions about their care and support.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise their concern.

Is the service well-led?

Good ●

The service was well led.

People knew who the manager was and felt that they were approachable.

There were effective quality assurance procedures in place.

People had been asked for their opinion on the service that they had received, their views were listened to and where action was needed this had been taken.

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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 on 19 May 2016 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the manager, a senior care worker and two care workers.

We spoke with three people who used the service and five relatives of other people who used the service.

This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "The staff assist and do it in the way they think it is safe. I am happy how they do it."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to the manager. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us and records confirmed that the staff had received training around safeguarding adults. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

People's support plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about moving and handling people safely and people's risk of falls. Risk assessments were reviewed annually unless a change had occurred in a person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

We saw that each person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards.

People told us that there were enough staff to meet their needs. One person told us, "We have reliability with them." Another person said, "They are reliable and are on time." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular visits and that these were in a similar geographic area to make it easier to travel between each call. The registered manager told us that they had procedures in place to let people know if staff were going to be late or were unable to attend. This included the management team covering calls themselves if needed.

People were cared for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

People generally told us that they were supported or prompted to take their medicines by the staff. One person told us, "Medication is done well. They make sure you have taken your medication with no problems." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to

complete. Staff told us that they had been trained to administer medicines. We saw that staff had completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had an assessment carried out to determine the support they need with medicine and a medication administration record (MAR sheet) to record what medicine the person took. We saw that the MAR chart did not record specific medicines that people took. It was recorded that people took the contents of their dosset box. A dosset box is a tool to help people know what medicines they should take and is prepared by a pharmacist. Where people are supported to take their medicine by staff the service should have a record of exactly what tablets have been taken. We discussed this with the registered manager who told us that they would make sure that MAR sheets recorded all the individual medicines.

Is the service effective?

Our findings

People using the service told us that the staff were well trained and knowledgeable enough to meet their needs. One person told us, "I am pleasantly surprised at how good they do things." A relative commented, "The staff look after him well."

The staff told us that they had an induction when they started work. They described how they had been given time to complete training, read people's care plans and policies and procedures. All staff we spoke with told us that their induction had been useful for them. Records we saw confirmed that staff had completed an induction. The registered manager told us that they were introducing the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by trained staff. We looked at the training records for all staff. These showed that staff had completed a range of training including courses that were specific for the needs of the people who they supported. For example, where staff supported someone who had a catheter they were trained in how to use this safely. The registered manager told us that they monitored training through an electronic system that identified when staff had completed training and when this needed to be refreshed. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles and that it was good quality. One staff member told us, "I have kept up to date with my training. You are reminded what you need to do and what is available." Another staff member said, "The training is good quality. It helps remind me how to do my job safely and how to provide a good quality service."

Staff were supported through training, supervisions and team meetings. Staff we spoke with told us they had supervision meetings with their manager. One staff member told us, "We have formal and informal supervisions. I work directly with my manager on calls so we talk regularly." We found that staff had not had many formal supervisions. However the registered manager told us that staff were on contracts where they did not always work regularly. They told us that when staff worked regularly they had more frequent supervisions. The registered manager said that they frequently worked directly with staff and that staff also visited the office and that this gave them time to discuss any issues with staff members. They agreed that they would record informal and formal supervision meetings to reflect the support that staff received. All staff we spoke with told us that they felt supported and could raise issues with their manager. One staff member told us, "They are approachable and listen to you." We looked at records and saw that supervisions had taken place in line with the provider's policy. We saw that team meetings had taken place every six months. The minutes of the team meetings demonstrated that issues raised by staff had been addressed and resolved.

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. The registered manager advised that no one who used the service had been deprived of their liberty and no applications had been made for this. The registered manager explained the process they would follow if they thought someone was being deprived of their liberty and this was in line with the requirements of the MCA.

We checked whether the service was working within the principles of the MCA. We saw that each person had a care plan that included information about asking the person what they wanted and that reminded staff to seek the person's consent. We saw that people had signed their own support plan and consented to their support, or the correct process had been followed if someone had a legal authority to make decisions on behalf of someone. This is called a lasting power of attorney (LPA). We found that where people did have a LPA this had not always been recorded in the care plan and a copy of the agreement had not been included in the file. It is important that a provider knows what decisions it has been agreed that the LPA can make on behalf of a person to ensure that the legal agreement is followed correctly. We discussed this with the registered manager who agreed that they would review this and add the information to the care plan.

People told us that the staff offered them choices and that they were involved in making their own decisions. One person told us, "They [staff] follow my instructions to what I want and what I like or don't like." A relative said, "We make the decisions together." Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse support. Comments included, "I always ask people if they are happy for me to provide the care. You cannot force anyone," "I always tell people what I am doing so they know. I offer them choices and ask before carrying out any care," and "I have to respect their choice if they say no." Staff told us that they had completed training around the MCA. Records we saw confirmed this.

People were not usually supported with eating and drinking however one person told us, "I have assistance with two meals a day. They [staff] help me and I can choose what I want." We saw that where people had been assessed as needing their food prepared in a specific way such as softened to reduce the risk of the person choking this had been included in the care plan.

People's healthcare was monitored and where a need was identified they were prompted or supported to contact the relevant healthcare professional. One relative told us, "The carers always speak to us if they have a concern or [person's name] needs to see a GP." Staff were aware of their responsibility for dealing with illness or injury. Staff told us that they would support someone to contact a health professional if they felt this was needed. The registered manager told us that they worked with healthcare professionals who were involved with the people who used the service and would make referrals if they felt someone needed further assessments or support if their needs had changed. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Is the service caring?

Our findings

People who used the service spoke highly of the staff who provided support to them. One person told us, "The carers are absolutely superb, fantastic." Another person said, "My care is good." A relative told us, "[Person's name] seems to like them [staff]. The girls are really nice."

People told us that they felt involved in making decisions and planning their care. One person told us, "They sat down with me and we made all of the decisions." The staff told us that people had been involved in making decisions about how they wanted to be supported. One staff member told us, "I always ask people if they want a bath or a shower, and what they want to wear. It is their choice." We saw that as part of the initial assessment that had been completed people were asked what days and times they wanted their support and information about their personal preferences and routines. This meant that people were asked about how they wanted staff to meet their needs and were involved in planning their own care.

People told us that they regularly had the same staff. One person told us, "I have quite regular staff. They are reliable and there is continuity of care." A relative told us, "There is a degree of consistency." Another relative said, "There is quite regular staff. This means they know [person's name] routine." Staff told us that they worked with the same people as much as possible for consistency and to help them get to know the person. One staff member told us, "Carelink try to have the same staff for people. It is much nicer for people as they get into a routine and there is familiarity." Another staff member said, "I do get to see the same people. It lets you build a relationship with each person." Staff told us about what people liked and disliked and that this information was in people's care plans. One staff member told us, "Everything is in the care plan. It is always updated if anything changes." Another staff member commented, "You can read the care plan to find out what people like and dislike. I have never turned up at someone's house without knowing about the person." We saw that each person's care plan contained information about what the person liked, and how they wanted to be supported.

People told us that staff provided care in a dignified way and respected their privacy. A relative told us, "The staff carry out the care with dignity and care. They have a lovely way with [person's name]. Another relative said, "You just have to listen to how they speak to [person's name]. It is lovely." Staff told us that they respected people's privacy and dignity. This was through asking people before assisting them, ensuring that doors were closed and people were covered up and making sure people were comfortable with the support. One staff member told us, "It is important to make sure that the person feels secure. I would think about how I would want it to be done to me."

Staff told us that they encouraged people to be independent and to do what they can for themselves. One staff member told us, "I encourage people and maintain their freedom." This meant that staff were encouraging people to maintain the skills they had instead of doing things for people that they could do for themselves.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "The service was able to help me when I needed care at short notice." A relative told us, "The staff sat with [person's name] when they were unsettled. They reacted well to the situation."

People told us that they felt that they had contributed to planning their support. One person told us, "They follow my instructions. They have done that from the start." Another person said, "They sat down and we discussed the care plan together." The registered manager told us that after they received an initial referral to the service that they would meet with the person and carry out an assessment. This was to determine if the service was able to meet their needs. They said that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. The registered manager told us that as part of the assessment they would provide care for people so that they could learn how the person wanted to be supported and their routine. They told us that they enabled them to develop a detailed care plan based on how the person liked their care. This involved discussions and input from the person and their family. This meant that people contributed to planning their care.

People told us that they were involved in reviewing their support. One person told us, "We had a care plan review two weeks ago." Staff told us that the care plans were changed whenever someone's needs changed. One staff member told us, "The care plans are always updated if there are changes." The registered manager told us that people and their families were involved with reviewing their support and that people were asked if they wanted anything changed or added. We saw that people had been asked what their expectations of the service were at the time of the assessment. This meant that people were asked what was important to them about the support that they received. People's care plans contained personalised information about what was important to them, their history, what they liked and disliked and what they were interested in. We saw that care plans contained information about how each person wanted to be supported. Staff had a good understanding of the needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported. We saw that reviews had been carried out three months after the start of the package and then at least yearly but more frequently if someone's needs had changed.

People told us that staff were usually on time or they were contacted if staff were going to be late. One person said, "The staff are on time. They let us know who I am going to have which I like." A relative told us, "They can be late but staff will let [person's name] know." The staff told us that they had enough time to get between calls and they would contact the office or the person if they were running late. The registered manager told us that they had procedures in place if staff were running late. They told us that people were sent a timesheet to tell them all of their planned support and the times they would be arriving. The registered manager told us that people were asked to sign this so that it was used as a timesheet and a record of the care that had been provided. They said that this was used to monitor that all calls had taken place.

People told us that when they had raised concerns these had been addressed. One person told us, "We had a rocky start however these things have been ironed out and things are now going well." A relative said, "There were some teething problems but these were resolved and things are going well now. The manager responded well." People told us they knew how to make a complaint. One person told us, "I have no complaints. My son is in regular contact with the office and would raise a concern if needed." A relative told us, "I would be happy to call the office if I needed to make a complaint." Another relative said, "If issues need to be raised, they will be raised." The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. We saw that this was included within the service user guide that people received when they started using the service. The registered manager told us that they had not received any complaints. We saw that there was a compliments board in the office where people had sent letters and cards to thank the staff for their support.

Is the service well-led?

Our findings

People told us that they were satisfied with the service provided and the way that it was managed. One person told us, "I could not fault them." A relative said, "It is running very smoothly and there are no problems."

People told us that they were asked for their opinion on the service and that their views were listened to. One relative told us, "We have a questionnaire regularly. I sent it back without any issues." We saw that a questionnaire had been sent to people who used the service and their relatives in early 2016. The feedback from this was positive. The registered manager told us that they analysed the results and agreed actions to ensure that where people had raised concerns that these were addressed. We saw that people were contacted in the first few days after they had started receiving a package of support to seek their feedback and also at different times throughout the year. This meant that people were being asked for their feedback on a regular basis to make sure that they were happy with the service that they received. The registered manager told us that people who used the service and their relatives also talked to the staff or to the registered manager while they were being supported. People told us that they saw the registered manager. One person said, "The managers come out to do the caring so they are hands on and always around." This meant that the registered manager and the staff were accessible and that people could talk to them when they wanted to.

People told us that they knew who the management team were and that they were approachable. One person told us, "The staff and management are very approachable." A relative said, "They are easy to talk to. Another relative told us, "They [the office] like to keep in touch." Staff told us that they felt that they could approach the management team and that they were listened to. One staff member said, "I work with them all the time, but can ring them if I need anything. They are always available." Another staff member told us, "The communication is very good." One staff member commented, "The managers are approachable and do listen. I had an issue and they dealt with it well for me." Staff told us that they felt valued by the management team. One staff member told us, "They do really well for the staff as well as the people who use the service." Another staff member said, "I give them a thumbs up. I am happy to be working with them."

The registered manager undertook audits of quality. This included audits on the medication records, care plans, daily records, risk assessments and policies and procedures. We saw that the registered manager monitored records to make sure that they had been completed correctly and signed. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. The registered manager told us that they completed spot checks on staff. This type of check is carried out at people's homes while staff were providing support. These checks monitor staff behaviour and work that they had completed. Records we saw confirmed these checks had taken place. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager worked with external organisations to develop their practice and to make sure that the organisation could meet the needs of the people who used the service. They told us that they were a member of a homecare alliance in Leicestershire. The organisations who were members of this alliance were

able to work together in order to meet specific needs of the people using the service. For example, if someone needed a carer who spoke a specific language the registered manager could approach the alliance to see if there was a provider who could meet this need.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events at the service that they were required to report.