Link Community Care Limited

Link Community Care (Tottenham)

Inspection report

Unit 3E Berol House
25 Ashley Road
London
N17 9LJ

Tel: 02030316499

Date of inspection visit:
19 October 2023
09 November 2023

Date of publication:
22 December 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service

Link Community Care is a domiciliary care service providing personal care in people's own homes. At the time of our inspection there were 58 people using the service. The service was supporting older people and adults with physical disabilities.

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

We found the management of the service did not have effective and tested systems to respond to safeguarding concerns and when people had accidents and incidents such as falls. There was also a practice of staff being removed from individuals' rotas when people complained rather than investigate and take actions such as revisit staff training. This meant other people could be at risk and lessons were not being learnt.

The registered manager and provider were not effectively assessing the quality of care to spot problems and act to fix them. Audits did not effectively look into people's actual care experience. The management and provider did not have a culture to effectively investigate concerns.

When issues were raised to the office these issues were not processed and dealt with appropriately. There were missed opportunities to advocate for people, assess the quality of staff practice, and learn lessons.

New staff, who did not speak English well, they needed more support to understand their role and the people they were supporting. People were sympathetic to this issue, but the management although aware of this issue, had not effectively revised how they were supporting this element of their work force. Some people told us this undermined their care experience.

We had a mixed response with how people found their care. Some spoke well of the regular staff who supported them. The staff knew what these people's needs were and how they wanted to be supported. These people had got to know the staff and felt comfortable in their company. One person said, "My main carer is excellent, [carer] treats me with respect." Another person said, "We [person and carer] have a good natter."

Others found staff did not understand their needs and what their care plan was asking of them. One person told us, "They [management] need to support those carers who have recently arrived from overseas."

Most people said they saw staff at regular times which they were happy with. Some people told us they had experienced late and missed care visits. The providers electronic system which logged when staff visited people, did not support this view, but some people were very clear about this.

People were generally 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; but there were issues with policies, systems, and management knowledge in relation to people's consent to care and being involved in decisions relating to their care.

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

Rating at last inspection
The last rating for this service was good (published 21 January 2018).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to protecting people from potential harm and abuse. We found issues with how management promoted people's safety and how well the service was managed.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Link Community Care (Tottenham)

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing, video and phone calls to engage with people using the service and staff.

Inspection team
The inspection was completed by 1 inspector and 2 Experts by Experiences. 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.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection to enable the registered manager and provider to arrange for us to speak with people and staff. The inspection activity started on 19 October and ended on 9 November 2023.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We spoke with the quality assurance lead for the local authority to gain their views and the outcomes of their assessments of the service.

During the inspection
This inspection was carried out without a visit to the location's office. We used technology such as video calls to speak with the registered manager and provider and telephoned people, their relatives and staff. We were given remote access to the services records and documents. We spoke with 22 people over the phone. We spoke with 11 people's relatives and 6 members of staff. We reviewed 8 people's risk assessments, care plans, reviews in full. Daily notes for 4 people and 3 people's consent to care documents. Staff recruitment checks were completed for 2 members of staff. Staff rotas and spot checks, emergency plans, and quality monitoring audits were also reviewed.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Systems and processes to safeguard people from the risk of abuse
- The provider and registered manager did not have safe processes in place to enable office staff and managers to respond to safeguarding concerns.
- A significant safeguarding concern was not handled in a safe way. A referral to the local authority should have been made, with actions taken to protect the person and others, but this did not happen. Nor was a retrospective referral made when we brought this situation to the registered manager.

This placed people at risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a good understanding of what potential abuse could look like. They knew to report concerns to the office and the registered manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- When an accident or incident happened, these were not managed in a safe and effective way.
- Incidents were not formally documented, investigated, and then monitored to try and ensure a repeat of these did not happen.
- When people and relatives raised issues about staff practices, staff were just removed from that person's rota with no investigation to learn lessons and ensure other people were safe.
- People did not have up to date risk assessments. When health needs changed people did not have revised risk assessments and care plans to address and direct staff about these new needs.
- Risk assessments did not always explore the risks people faced with detailed accompanying plans for staff. For example, when people were at risk of falling, needed support to transfer, were at risk of neglect, smoked and were at risk of choking.

Preventing and controlling infection
- We were not assured that the provider was promoting good infection control practices.
- People told us staff did not always use PPE when they should have. They gave examples of staff not wearing aprons when they supported people to have a wash and wash commodes.

These issues placed people at potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager started taking action about these issues after the inspection and produced an

action plan which they shared with us and sought our views.

● Staff said they had plenty of PPE to use and spoke of the importance of using this equipment to protect people.
● Some people told us they felt really safe with their regular carers, One person said "I have regular carers and I feel very safe with them. Another person said, "I feel safe with the carers and have not had any accidents." A person's relative said, "Both the carers are very good, they are good at picking up on issues."
● However, some people and their relatives told us they did not always feel they or their relative were safe with staff. This they attributed to a language and cultural divide. Other people did not feel safe due to how the provider held information about them. We raised this with the registered manager to address.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found staff understood how to promote choices for people, staff said they were led by what people wanted to do.
● However, the registered manager and management of the service had not understood the principles of the MCA when people had appointed a relative to make decisions on their behalf and consent to their care when they lacked capacity. So these people were being asked to give consent when the person themselves still had capacity to make these decisions. This could undermine people's rights and affect their well-being.
● When assessing capacity, people's assessments did not detail how the assessor had reached their conclusions to show a reasonable and proportionate assessment had taken place.

Staffing and recruitment
● People said they saw regular staff at times they had agreed and they did not feel rushed. Staff told us they had enough time to get to each assigned care visit.
● Some people said they had experienced missed and late care visits. But the provider said their electronic system did not support this.
● We concluded more work was needed from the provider to ensure people received their care visits. The registered manager told us about a new electronic system they were introducing to do this.
● Relevant employment checks were completed to promote people's safety with staff. This included the (DBS) Disclosure and Baring Service check which provides information including details about convictions and cautions held on the Police National Computer.
● However, as part of these checks staff were not being asked for their complete employment histories. Therefore, this safety check was not complete. The registered manager said they would rectify this shortfall.

Using medicines safely
● People said they received their medicines safely. People had completed electronic medicines administration records in place.
● Staff received medicines competency checks but these lacked details of how the assessor had reached their conclusions of staff being competent, to show these were thorough assessments. The registered

manager said they would address this issue.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- There was a lack of personalised care and planning when people had falls and incidents at home.
- Office staff did not follow these incidents up to see if people were okay and to see if they needed other input to try and prevent another fall.
- There were other missed opportunities to review people's needs and their care plans, to support staff to meet people's needs when they fell or experienced changes in their lives.
- New staff needed more support to understand and know people's needs. People told us of examples when new staff from overseas struggled to understand the care plans and what people told them they needed them to do. But these staff were not being checked and supported sufficiently to address these issues.
- People told us they received care visits at times they wanted and by staff they liked. Other people said they had late and some missed visits.
- People could not recall being involved in creating their care plans and they told us they did not have access to them.

End of life care and support

- The registered manager and management were not considering this aspect of people's lives unless they were actively at the end stage of their lives.
- No plans were being made and no conversations were being attempted to help people plan and think about this part of their lives.

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

- Information about people's lives, interests and what was important to them was limited and not explored.
- For people who had received care a long time from Link Community Care this type of information was not revised. Staff were not asked to contribute to these reviews and documents.
- Some people spoke well of the staff who supported them saying they had got to know each other and had good chats. Others found new staff needed more support to engage with them. One person said "Some (staff) are very quiet and some (staff) are not quite sure, others are full of fun."

Improving care quality in response to complaints or concerns

- The managers had received no formal complaints, but relatives told us they did not hear back from the office when they raised issues.

● Nor were they given the opportunity to make a formal complaint when they raised issues. The registered manager made a plan to address this problem.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● People's communication needs were considered during people's assessments.
● However, there were missed opportunities to make some people's care plans accessible to them if they did not speak English.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The registered manager and provider were not effectively auditing Link Community Care.
- They were unaware they did not have effective systems to report, investigate, act, and learn lessons from safeguarding concerns, accidents, and incidents. They had not tested their own systems to check they were working and were effective.
- Care records, risk assessments, and care plans were also not effectively audited. We found risks assessments and care plans were not updated and key risks were not explored.
- Professional advice was needed at times to ensure staff promoted people's safety. But this was not always sought and documented in people's care plans. Nor was this being identified by the providers audits even though this was a high risk for some people if something went wrong.
- The registered manager and management had not received training for some years relevant to key aspects of their work. Such as safeguarding, writing good risk assessments and reviews, and the MCA. Nor were they training the field staff who completed competency checks on staff.
- If the staff and managers completing this work and conducting audits did not have a good and tested knowledge base this would undermine the quality of these checks and audits. Which could put people at risk.
- The manager and registered manager also lacked a knowledge of those people the service supported who were most at risk and what these risks looked like. This could prevent them from completing robust checks into how the service managed risk and could put people at risk.
- When audits did take place these lacked details to show how the assessor had reached their conclusions.

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

- Some aspects of the culture of the service were not positive. Investigations did not take place when they should have. Issues and complaints were not followed up and lessons shared.
- When new staff started who were new to care and from overseas they did not receive enough support. Their practice was not monitored after they had been assessed as competent when they started working alone. The provider eventually initiated a check on these staff a month after working alone, but this was not enough to help staff adjust, learn, keep people safe and understand their new roles.
- People spoke of a lack of responsiveness from management and office staff, which was a barrier at times to them receiving person centred care.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and provider was aware of their duty of candour. But improvements were needed with how they responded to issues, complaints, feedback from people and matters of a safeguarding nature.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There was a lack of effective engagement with people and their relatives to seek their views. People spoke openly with us about their experiences of care, but staff who completed reviews and responded to issues had not explored peoples experiences of care effectively.

● Established staff spoke well of the manager, the supervisions, and team meetings. They felt listened to.

Continuous learning and improving care; Working in partnership with others

● There was a poor learning culture and a lack of systems to obtain peoples experiences of care. When investigations were completed improvements were needed to ensure these were accurate and open.

● The registered manager raised issues with the local authority, but there were missed opportunities when people may have benefited from input from other professionals such as occupational therapists and speech and language professionals when people's mobility needs changed and when people were at risk of choking.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems and care planning had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using this service. This placed people at potential risk of harm.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate action was not taken when potential harm occurred. Effective systems were not established to guide staff when concerns of a safeguarding nature were raised. This placed people at risk of harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were key shortfalls with how the provider and the registered manager assessed the quality of the care provided at Link Community Care. Robust systems had not been established which were used to effectively assess and monitor the standard of care provided.

The enforcement action we took:

We issued a warning notice to the provider giving them a timescale to be compliant with this regulation and make improvements.