Positive Care Link

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Inspection report

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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

We carried out a comprehensive inspection of this service on 19 July 2015 where several breaches of legal requirements were found. Following this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person-centred care, safe care and treatment, safeguarding, medicines, staffing and governance.

We undertook this comprehensive inspection on 25 and 26 October 2016 to check that the provider had followed their plan and to confirm they now met legal requirements. The inspection was carried out by one inspector and was unannounced.

Positive Care Link is a domiciliary care service providing personal care and support to adults and children in their own homes.

At the time of our visit the service was supporting 37 people. Of these people, 15 were receiving support and assistance with personal care tasks.

There was a registered manager in place. 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's care and support needs were assessed by local authority social workers before a timetable of tasks was created and an appropriate package of care provided. Life histories, individual preferences, communication methods, likes and dislikes did not form part of people's care plans. This information can be useful for staff when meeting people for the first time and ensures that individualised support is appropriate and person-centred.

Risks to people's health, well-being and safety were not being clearly identified during the assessment process and therefore appropriate plans to manage and minimise risks were not always in place. Senior staff responsible for the completion of these assessments demonstrated a poor understanding of the risk assessment process.

People told us they felt safe with staff, who had received safeguarding training and understood how to protect people from abuse. The provider had up to date safeguarding policies and procedures in place. Staff were able to explain what they would do and who they would contact if they had any concerns about people's safety.

Not all staff were involved in supporting people with their medicines, but where they were responsible for prompting people's medicines, staff were required to complete training in medicines administration and record this task in people's daily logs. However, when completed daily logs were returned to the office they

were destroyed. This information must be retained in line with the Data Protection Act 1998 and for the purpose of monitoring and quality checks.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff respected people's decisions and gained people's consent before they provided personal care. People using the service and their relatives told us staff were kind and caring and mindful of privacy and dignity issues.

People were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, district nurses and social workers. Staff told us they notified office staff and people's relatives if they had concerns about people's health and we saw evidence of this in the correspondence section of people's care records.

People were supported with meal preparation where this task formed part of their care plan. However, care records did not provide any specific information regarding dietary requirements where people had been diagnosed with diabetes or where health care professionals had requested staff to support people with healthy eating plans.

There were measures in place to ensure that staff were recruited safely and were suitable for their roles and once in post, staff received a programme of ongoing training and supervision.

People's feedback was sought through spot check visits and telephone reviews and there was a process in place for ensuring that complaints were investigated and responded to appropriately.

We found breaches of regulations in regards to risk management and good governance. You can see what action we told the provider to take at the back of the full version of this report.

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

Not all aspects of the service were safe.

Risks to people's health and welfare were not being properly assessed, identified and managed.

The provider was failing to securely maintain and retain records relating to people's care for an appropriate length of time in line with the Data Protection Act 1998.

Staff had received safeguarding training within the past two years and told us they knew how to identify and report any safeguarding concerns they may have in order to protect people from abuse.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Care records lacked sufficient detail as to how to promote healthy eating where this had been identified as a specific need.

Staff understood that where people were able to make their own decisions they should support them in these decisions.

Staff had regular access to support through regular supervision and appraisals to discuss their work and the needs of people they supported.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people using the service.

People who used the service and relatives said that staff were kind, polite and caring.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Care plans/timetables lacked any specific and detailed guidance around people's individual care needs, life histories, likes and dislikes.

The service liaised with the local authority or requested referrals to specific health care professionals so that people received appropriate support in a timely manner.

People felt able to raise concerns and complaints were documented and investigated appropriately.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

The service had a registered manager who had been in post since May 2011

The service was not always organised in a way that promoted safe care through effective processes, auditing systems and quality monitoring procedures.

The registered manager had not identified the issues we found with risk assessments and senior staff were unable to demonstrate a thorough understanding of the risk assessment process.

Positive Care Link

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.

We also needed to check that the provider had completed planned improvements to meet legal requirements after our comprehensive inspection in July 2015. We inspected the service against all of the five questions we ask about services: Is the service safe, effective, caring, responsive and well-led. This inspection took place on 25 and 26 October 2016 and was carried out by one inspector. The inspection was unannounced.

Prior to carrying out this inspection we reviewed information we held on the service, including notifications of significant events that the provider is required to tell us about and where people had contacted us to tell us about their experiences with the service.

In carrying out this inspection we looked at seven care files and six staff personnel files, including records of recruitment, training and supervision. We carried out telephone interviews with four people who used the service and six relatives. We conducted telephone interviews with three care staff and spoke with a care co-ordinator, a finance administrator and the registered manager face to face. We reviewed staff rotas, records of care visits where these had been retained, policies and procedures, records of complaints, incidents and accidents, and records concerning the provider's audit and compliance. We also contacted two local authority service commissioners for their views about the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 19 July 2015 we found that risks to people who used the service were not being properly assessed and managed.

During this inspection people using the service told us they felt safe with their care staff and said that staff knew what they were doing, were kind and respectful. One person commented, "I feel very safe with [staff]" and another person said, "I am totally safe with [staff]." Despite this positive feedback, we found that risks to people's health and welfare were still not always being properly assessed and managed.

We looked at seven completed risk assessments for older people all living with a range of needs including chronic long term health conditions, physical disabilities and dementia. Assessments were divided into 12 sections and covered areas such as the person's environment, mobility and falls, moving and positioning, skin integrity, personal safety, abuse and neglect, behaviours and medicines. Only one of these assessments identified an area of risk associated with poor mobility despite evidence indicating that all of these people were at some form of risk relating to their age, physical and mental health status. For example; initial assessments carried out by social workers noted that two people were amputees and required assistance with moving and transfers and were at risk of falling. Three other people had a well-documented history of falls. Two people had significant cognitive impairments, one with a history of poor financial handling and self-neglect. Another person had been diagnosed with diabetes and recently admitted to hospital with low blood sugar levels. One person told us, "I like to do my own washing because I try to be as independent as I can but they keep an eye on me when I'm loading the machine so that I don't topple out of my wheelchair – which has happened when I've been on my own." Despite staff being aware of risks to people's health and safety as demonstrated by this comment, none of the risks above had been clearly identified in people's risk assessments and plans to manage and minimise these risks were not in place. Risk assessments were therefore not fit for purpose. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a care-co-ordinator who was responsible for completing risk assessments and asked them to clarify their understanding of the risk assessment process and provide a response as to why risks were not being properly identified, managed and reviewed. We were told, "Risk assessments identify and help people with the risks they have so they don't have them again" and that where risks had not been identified "it must have been an oversight." It was unclear from this response whether the care co-ordinator clearly understood the risk assessment process. We spoke to the registered manager about our concerns. She agreed to revise the current risk assessment template, update and review all risk assessments by 16 November 2016. We have checked that this undertaking has been completed and are still not satisfied that assessments include sufficient detail to manage risks safely.

At our previous inspection on 19 July 2015 we found that people were not always protected from the risk of unsafe and inappropriate care because the provider did not have systems to mitigate the risk of harm and potential abuse. During this inspection we saw the provider had systems in place to mitigate the risk of potential abuse including a safeguarding policy and related procedures. These made reference to relevant

guidance and important points of contact. Staff had received safeguarding training within the past two years and told us they knew how to identify and report any safeguarding concerns they may have in order to protect people from abuse. Staff were aware that, if the need arose, they could blow the whistle on poor practice by reporting it to the relevant local authority and the CQC. The registered manager told us she was aware of her responsibilities in relation to these safeguards and told us she would inform local authority safeguarding teams and CQC if she had any concerns about people's safety and welfare.

At our previous inspection on 19 July 2015 we found that medicines were not being managed safely. During this inspection the registered manager told us that staff were required to complete training in medicines administration before working with people who required support with their medicines. None of the people we spoke with were receiving support from staff with their medicines. Where staff were responsible for prompting medicines, they were required to make a note of this task in people's daily logs. On the day of our visit we were only able to confirm that this task was being undertaken appropriately and documented consistently in one person's daily log.

Other people's daily logs were not made available to us during our inspection and we were told by the registered manager that the reason for this was because returned daily log books were checked and then disposed of due to insufficient storage space. There was no written record evidencing quality checks had taken place and therefore insufficient information available for us to review, either in relation to medicines management or appropriate care delivery. The provider was failing to securely maintain and retain records relating to people's care for an appropriate length of time in line with the Data Protection Act 1998. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of receiving support from unsuitably recruited staff. The registered manager explained that before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. Staff files contained relevant documentation including application forms, copies of employee's terms and conditions and a current Disclosure and Barring Service (DBS) check. The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

People told us that staff were trustworthy and they had no concerns about their own safety or the security of their money and possessions. The registered manager told us that staff told were required to follow the provider's financial procedures and make sure all financial transactions were documented. We saw evidence in one person's care records where staff were completing shopping tasks and documenting purchases, money received and returned. These forms had been returned to the office, checked and date stamped. However, we noted that no receipts were attached to these forms meaning the ability to effectively audit transactions would have been limited.

Requires Improvement

Is the service effective?

Our findings

At our last inspection carried out on 19 July 2015 we found that training provided to staff was insufficient to equip them with the knowledge and skills to meet people's needs.

During this inspection we found a range of training being implemented both at the induction stage and throughout staff employment. Staff records contained up to date and recent training certificates relating to safeguarding, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, medicine administration and equality and diversity. Staff told us they had access to ongoing training and were able to update their skills and knowledge on a regular basis. People using the service and their relatives told us staff had the necessary knowledge and skills to carry out their duties. One relative told us, "I think [staff] are really well trained in the care they deliver" and another person told us, "They look after me really well. They are tremendous."

People told us they were asked for their consent in relation to their care and support. Staff understood that where people were able to make their own decisions they should support them in these decisions. One person using the service told us, "If I don't feel like getting showered sometimes, they don't insist. They will encourage me to do things but I like that I can make my own decisions." Staff confirmed they had received training in relation to consent and capacity issues.

People were supported to eat and drink enough. One relative told us, "My [family member] can be fussy about what she likes to eat but the carers know that. It's all written down in the folder and we rarely get anybody new but if we do, they can quickly look things up in the folder." However, care records we looked at lacked sufficient detail as to how to promote healthy eating where this had been identified as a specific need. For example, we did not see any information relating to guidance around nutrition and hydration in relation to one person who had been diagnosed with diabetes and required support to maintain a healthy diet. There was also a lack of information relating to people's preferences and any specific cultural needs in relation to their diet.

There was evidence in people's care records and the service's communication book that the provider worked collaboratively with healthcare professionals such as district nurses, occupational therapists and GPs. Staff told us they sometimes accompanied people to health appointments to ensure they received the care and support they needed at the appropriate time. A relative told us, "[The service is] really flexible which is important. [My family member] sometimes gets hospital appointments at short notice – within 72 hours – and they need to escort [them]. If it's at a time different to when they normally come, they will phone the office and reorganise that day so they can go with [them]."

Staff files we reviewed demonstrated that staff had regular access to support through regular supervision and appraisals to discuss their work and the needs of people they supported. Staff told us they found supervision helpful and an opportunity to raise any concerns they may have, discuss performance and make suggestions about how the service could be improved.

Good

Is the service caring?

Our findings

People told us they were involved in day to day decisions about their care and that staff knew them well. One person told us, "I'm really happy with the carers. I tell them I'm in the driving seat." A relative told us, "They did an assessment of my family member's needs at the beginning and they wrote down what they needed to be done and we signed a paper."

Staff developed caring relationships with people using the service. One person using the service told us, "I really look forward to seeing [care staff]. One of them sings to me and does a daft little dance which always makes me laugh. We always have a bit of fun and they don't mind me teasing them." Another person told us that staff are "like members of the family."

The provider ensured consistency in care by ensuring where possible the same care staff worked with people using the service. A relative told us, "My [family member] requested one particular carer because she really 'gelled' with her and this was no problem. That was organised for her. It made [them] really happy."

Staff reported that they were able to spend time talking with people and getting to know them. One person said, "I'm very happy. [Staff] come when they should and do what they need to do. They are good people. They are very reliable and understanding aswell." Another person commented, "I don't know how long they're supposed to be here but the regular person definitely doesn't clock watch. She's excellent."

People who used the service and relatives said that staff were kind, polite and caring. People told us their privacy and dignity was respected. One person commented, "One of the [staff] forgot to turn her mobile off when she was here and when it rang she quickly switched it off. She was ever so apologetic and sorry. I told her I wouldn't have minded if she'd answered the call but she didn't."

Staff told us they took measures to ensure that personal care tasks were done in private and with as much sensitivity as possible. One staff member told us, "Every step of the way, I let [them] know what I'm doing. I close the door. I ask what [they] would like to wear. I explain what I'm doing." People we spoke with told us they were impressed by care staff's understanding around confidentiality, dignity and respect issues.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection carried out on 19 July 2015 we found that people were not fully involved in planning their own care.

During this inspection we saw that care plans/timetables were developed following a comprehensive assessment of needs carried out by social workers from the local authority. This information was transferred into a timetable of tasks which provided staff with a brief outline of people's care and support needs. Despite people telling us they were able to make their own decisions and that their preferences were taken into consideration, timetables lacked any specific and detailed guidance around people's individual care needs, life histories or, likes and dislikes. For example, there was no guidance for staff about how to care for and communicate with one person who had a speech impairment and no consideration of how this issue may affect them. And there was no guidance or management plan in place for another person who had dementia and a history of hearing voices. Only one person's care records we looked at provided specific information in relation to their interests and hobbies, likes and dislikes and preferred routines. We recommend that the provider seeks advice from a reputable source about developing person centred care plans.

The registered manager told us that the care co-ordinators were responsible for reviewing people's timetables on a monthly basis or sooner if required. One person spoke to us about a recent visit from a care co-ordinator and said, "A man came to see me from the office and I could tell by the way he smiles that he was really genuine. I can always tell by people's faces, not by their words and I knew that he and I were going to get on alright." Reviews focused mainly on any amendments to the times and length of visits provided to people using the service and whether people were happy with the care provided. If people's health and well-being, care and support needs changed, the service liaised with the local authority or requested referrals to specific health care professionals so that people received appropriate support in a timely manner. We saw evidence of such correspondence in peoples care records and the service's daily communications book. We were told that social workers reviewed people's care packages on an annual basis where this was required.

Some of the people we spoke with told us they had received a service user guide which contained information from the provider about how to make a complaint. One person told us, "I've never had to complain about anything but I'm confident that they would deal with it if I ever had to." The registered manager told us any complaints were recorded in the correspondence section of people's individual care files. We were told the service had received one complaint since the last inspection took place in July 2015. We saw that this complaint had been responded to appropriately and satisfactory action taken to resolve the matter.

People using the service told us that staff normally arrived on time unless there were traffic issues. People told us they were informed of delays when staff were running late and kept up to date. One person told us, "I don't know how [staff] do it because [one member of staff] drives through the bad traffic and the other comes on the bus but I can count on one hand how often they've been late." The registered manager told us they monitored visits through an electronic logging in system activated by care staff from their mobile

phones.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been in post since May 2011 who was supported in her role by two care co-ordinators one of whom worked part-time and a finance administrator.

People using the service and relatives told us they thought the service was well-led. Comments included, "The carers are wonderful and the office staff are always polite and friendly", and "I'm very happy with the carers and the big wigs." A member of staff told us, "If I have any problems, I give [the office staff] a call, they always get back to me. The manager's fine."

During our last inspection carried out on 19 July 2015 we found that the service was not organised in a way that always promoted safe care through effective quality monitoring because the monitoring and audit systems in place were not fit for purpose.

At this inspection we saw that the provider gave opportunities for people using the service to provide feedback about the care and support they received and these views were documented and kept in people's care records. People had been asked about all aspects of the service and had been positive about the support they had received and the attitude and approach of staff members. People indicated that they felt able to make requests or raise concerns and told us matters were resolved satisfactorily.

Staff performance was monitored by the care coordinators visiting people's homes while care staff were present. These checks were carried out on a regular basis and a report of each check was kept in staff members' records.

Staff were invited to attend team meetings and were supported in their roles through a system of regular supervision and appraisal. We looked at the meeting minutes for the last two staff meetings held and saw that topics for discussion had included training opportunities, contract updates and provider policy and procedure reminders. Staff told us, "Everything's ok. I have no problems with the management, I'm being trained, I get my leave and I like my job." Another member of staff said, "In staff meetings we are able to give our ideas and make suggestions. [The management team] listen to us. I've no complaints."

Despite these positive comments, we found continuing issues relating to auditing and quality monitoring. Daily logs which included information relating to people's medicines or appropriate care delivery were not retained appropriately and were therefore not always available to refer to for the purpose of effective monitoring. Recording systems for complaints and concerns, accidents and incidents were not centralised making an overview of service delivery difficult. In this respect, the registered manager was unable to clearly demonstrate how the service monitored any trends, learnt from mistakes and identified areas of service delivery where improvements were needed.

Following our inspection we wrote to the registered manager to request that she complete an auditing report within 28 days covering the above areas and specifying where required who will be responsible for ensuring action is taken and by when. We will review this information in due course and take appropriate

action if we consider auditing processes unsatisfactory.

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 The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Regulation 12(2)(a) and (b) Regulation 12 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2)(c)