

The Link Care Nursing Agency Ltd

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Inspection report

28 Chislehurst Road
Orpington
Kent
BR6 0DG

Tel: 01689898840

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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

This inspection took place on 12 October 2017. We told the provider 48 hours before our visit that we would be coming, as we wanted to make sure the registered manager and office staff would be available. At the time of our inspection there were approximately 130 people using the service.

This service is a domiciliary care agency. It provides personal care to people living within their own homes in the boroughs of Bexley and Bromley. It provides a service to adults, older people, people living with dementia, physical disability and or sensory impairment.

At our last inspection of the service on 8 and 9 December 2015 the service was rated Good. At this inspection we found the service remained Good and they demonstrated they continued to meet the regulations and fundamental standards.

At this inspection there was a registered manager in post. 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.

Care plans were in place to support people where risks to their health and well-being had been identified. There were appropriate safeguarding procedures in place. Recruitment checks took place before staff started work and there was enough staff to meet people's needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and received training relevant to the needs of people using the service. Care plans detailed people's nutritional and support needs. People were supported to access to health and social care professionals when they needed them.

People were provided with information about the service. People said staff were caring and their privacy and dignity was maintained. People were consulted about their care. People were aware of the complaints procedure. There were systems in place to monitor the quality of the service provided to people. The provider took into account the views of people using the service. Staff said they enjoyed working at the service and they received good support. There was an out of hours on call system in operation that ensured management support was available to people and staff when required.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 announced inspection took place on 12 October 2017. The inspection team consisted of a single inspector, who visited the office and an expert by experience who spoke with people using the service or their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority responsible for commissioning the service to obtain their views. We used this information to help inform our inspection planning.

As part of our inspection we spoke with the registered manager, care coordinators and four care workers who visited the office, to gain their views about the service. The expert by experience spoke with six people using the service and four relatives by telephone to gain their views of the service they received. We looked at the care plans and records of five people using the service, six staff records including training, supervision and recruitment records and records relating to the management of the service such as policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff that supported them and trusted them in their homes. One person said, "Yes I feel safe, I think it is marvellous. I certainly feel safe and my possessions are safe, good heavens, yes. They wear their ID badge and have a uniform on." Another person said, "Yes I do feel safe, people come in and are helpful and caring, overall I am happy with them." A third person told us, "Yes 100 per cent. They come in twice a day, I get on with all of them and they have free run of the house. They respect me and I respect them that's why I admire them." A relative commented, "Yes, definitely, they are reliable and my relative usually gets the same two people during the week as we know them and they are considerate of her needs, we feel safe with them. I feel I can trust them with my possessions, I have never had any problems."

Risks to people's health and well-being continued to identify, assess and be reviewed on a regular basis to ensure people's safety. Risk assessments highlighted and assessed levels of risk to people in areas such as medicines, moving and handling, personal care ability, mental health and emotional well-being and the home environment amongst others. Risk assessments contained guidance for staff on how best to meet people's needs safely. For example one risk assessment documented that the person required support with transferring due to their poor mobility. We saw there was a manual handling assessment and care plan in place and pictorial guidance for staff for the use of equipment. Records also showed that staff had worked alongside a visiting occupational therapist to ensure the safe manual handling and transferring of the person within their home environment. Another person's risk assessment documented actions to be taken by staff in the event that the person suffered an epileptic seizure.

People told us they thought there were enough staff to meet their needs promptly and appropriately. People said they thought the service was reliable and that they had regular care workers who visited. One person said, "They turn up on time and if they are going to be late they always let me know." Another person commented, "They always turn up on time, no more than five minutes late." A relative told us, "They stay the required time and they usually arrive on time, if they are running late they will phone my relative."

Robust recruitment procedures were in place. We looked at the recruitment records of six members of staff. Records included a completed application form, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification to ensure staff were suitable to be employed in a social care environment.

There were systems in place that ensured people received their care on time and that care workers stayed the required amount of time to ensure people were safe and their needs were met. The service had an electronic call monitoring (ECM) system in place which allowed office staff to see if any care workers were running late and to check that staff stayed the full required time. On the day of our inspection we observed there were no missed calls or staffing issues.

There were arrangements in place to deal with emergencies including an out of hours emergency contact number in operation and people and their relatives told us they were aware of who to contact in an

emergency. One person said, "Whenever I have phoned the office I have never failed to get through to an actual person." Another person commented, "If there is no one in the office there is always someone on call, someone you can speak to." Staff we spoke with confirmed that office staff and the registered manager were available to support them when required and the support they received was good. One member of staff said, "The manager and staff at the office are very supportive. We can call for support at any time as there is an out of hours contact as well."

There were safeguarding adults and whistleblowing policies and procedures in place to protect people who used the service from possible harm or abuse. The registered manager was the safeguarding lead for the service and they were aware of their responsibility to safeguard people. Staff were knowledgeable about safeguarding and the action they would take if they had any concerns. Staff training records confirmed that staff had received up to date safeguarding training. We looked at the safeguarding file which contained policies and procedures, a safeguarding log to monitor any concerns and contact information for local authority safeguarding teams to ensure any concerns were managed appropriately.

There were systems in place to ensure medicines were managed safely and people and their relatives told us staff supported them when required. A relative said, "My relative has help with his medication, they record it every time and make sure he takes it. If there are any changes he advises his carers." Another relative commented, "My relative sorts out her own medication but the carers always ask to make sure she has taken it." Care plans and risk assessments recorded the medicines people were prescribed by health care professionals and confirmed medicines administration arrangements for people using the service. We looked at medicine administration records (MAR) for people using the service and saw these were completed accurately by staff. MARs were routinely returned to the office to be checked for any issues or concerns. Staff received appropriate medicines training and had spot checks on their competency to ensure the safe administration and management of medicines.

Is the service effective?

Our findings

People and their relatives told us they thought care staff continued to be skilled and competent in their work and understood how best to support them. One person said, "Oh yes, they have the right skills. The carers that deal with me certainly do." A relative told us, "They have the right skills to look after my relative. They know what they are doing." Another relative commented, "I feel the staff have the knowledge and skills to care for my husband."

There were appropriate processes in place to ensure staff new to the service were provided with an induction. This included training and a period of shadowing experienced members of staff on the job. One member of staff told us, "I have recently joined the service and have found it a really good experience. I have had lots of training and am currently going out with other carers." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs effectively and received on going supervision and appraisals to promote continued good practice.

Staff told us they received regular training appropriate to their needs and felt supported to do their job well. One staff member told us, "The training we get is really good. I have just updated my moving and handling and medicines training." Another member of staff commented, "Training is good, both theory and in practice. We have practice training in the training room." Training records demonstrated staff received regular training in a range of areas including, equality and diversity, moving and handling, privacy and dignity, safeguarding, nutrition and well-being, dementia and the Mental Capacity Act 2005 amongst others.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that most people using the service were able to make decisions about their day-to-day care needs but mental capacity assessments were completed, where required, for people whose capacity varied. They told us if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with MCA 2005.

People and their relatives told us they were supported to access health and social care professionals when they needed them. One relative said, "If the carers think there is something wrong they will raise the alarm for my relative and seek appropriate help." Care plans demonstrated that staff monitored people's general

health and wellbeing and when required referred to appropriate health and social care professionals for support and treatment.

People and their relatives told us they were supported to ensure a balanced diet to meet their nutritional needs, where this was part of their care plan. One person said, "The carers are very good. They help me to make a cup of tea and a sandwich when I want." A relative told us, "My relative is supported at mealtimes. He can feed himself but carers warm his meal for him. He uses a frozen meal service to suit his tastes." Care staff were aware of people's food preferences, allergies and risks when eating and drinking and these were recorded within people's care plans.

Is the service caring?

Our findings

People continued to speak positively about the caring nature of staff and the support they provided. Comments included, "They do extra things for me like feed the birds in the garden. They do things like that for me", "All the staff that come to see me are very helpful and kind", "They are respectful of my relative's needs they are very careful with her", and, "They provide the right amount of care for my relative's needs and know he likes football so they sit and chat with him about it."

People told us they had been consulted about their care and support needs when they started using the service and were provided with information to help support decision making. One person said, "I was given lots of information about the service before I started." A relative told us, "When we started someone came round to assess my relative's needs as her condition was deteriorating and her needs had changed." Another relative said, "When the service started the manger came out and told us all about the service and brought a care plan describing what it was and what they could support him with. They wrote a report and put it in the book which is kept at home." Another relative commented, "We got information when we started and they did a care plan with him to identify and meet his needs." Care plans we looked at confirmed that people received appropriate information in a format that met their needs, people were consulted and chose how their needs would be met and assessments were conducted to establish individual needs and how best these would be met.

People and their relatives told us staff treated them with respect and their privacy and dignity was maintained at all times. A relative said, "They respect my loved one's dignity and privacy when showering him, they ask him if they can wash him and tell him when they are going to do it." Another relative commented, "They are respectful of my relative as a person, when she needs to be changed they show as much respect as possible." A third relative told us, "They help my relative by washing her in bed, when the carer came they said she had a right to choose a male or female carer to wash her so they arranged to have female carers to wash her in the morning." Staff told us how they maintained people's privacy and dignity giving examples such as, by closing doors and drawing curtains when providing personal care. One member of staff said, "It's vital that we gain consent from people and give them choice and control over their care. I am always respectful and treat people how I wish to be treated. It's important." Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. One member of staff commented, "We are all very different and have different needs. It's important that we acknowledge that and support people as best we can."

Is the service responsive?

Our findings

People and their relatives told us the service and care staff continued to be responsive to their needs and they had a care plan in place. One person said, "I have a care plan; they helped me to devise it and they update it every year." A relative told us, "Yes we have a care plan. They helped us to develop it and they have reviewed it recently to look at timings." Another relative commented, "My [family member] has a care plan which he created with the service. He has had a review recently but there were no problems at the moment so we didn't need to change anything. If there was I know they would change things to suit us."

Care plans were developed in cooperation with people and their relatives where appropriate and documented personal information gathered from them to reflect individual needs and preferences. Care plans documented information about people's needs in areas such as, physical and mental health, medicines and any support required with medicines, personal care preferences including any religious or cultural needs, nutrition and hydration and moving and handling amongst others.

Care plans provided guidance to staff on how best to meet people's needs appropriately. We saw that care plans were reviewed on a regular basis in line with the provider's policy and with people and their relatives where appropriate to ensure they met any changes in people's needs.

Staff we spoke with told us they felt the service was responsive to people's needs and they worked closely with health and social care professionals to ensure people's needs were appropriately met. One member of staff said, "If there are any problems or concerns about someone's health and well-being I always talk to them about it and contact the office and appropriate professionals. One person I visit had difficulty in swallowing their food so I told the office and we contacted the speech and language therapist team who came and supported them to eat safely." Daily visit records were contained in people's care plans and provided staff with the opportunity to record details of the support they provided to people, actions taken to meet people's needs and to document any comments made for other staff and visiting professionals.

People told us they were aware of the provider's complaints procedure and would raise any concerns if they needed to. One person said, "If I was unhappy with the service I would phone the office and I am confident they would deal with it quickly." Another person told us, "I made a complaint once and it was dealt with immediately. They responded well and were very good." The service had a complaints policy and procedure in place and people were provided with suitable information on making a complaint. The registered manager showed us a complaints folder which included a copy of the provider's complaints procedure and records from complaints made to the service. We saw that the service had received two complaints this year. We noted that these complaints were responded to appropriately in line with the provider's policy and actions were taken to address highlighted issues, for example we saw that as a result of one complaint further training was provided to a member of staff to ensure the risk of reoccurrence was minimised.

Is the service well-led?

Our findings

People and their relatives spoke positively about staff and how the service was managed and told us they were happy with the service they received. One person said, "It is a very good service, I have had no problems. The best thing they do is they help me with what I want them to do, if I need it they will do it, they never quibble." Another person commented, "The carers who visit me are very caring people who want to help." A third person told us, "The best thing about them is their caring, they do it because they love their job and the people they look after, they are so caring." A relative told us, "The service is very good, they are very efficient. The care they give my mum is the best." Another relative said, "I think they are a good all round provider with some key people who make this service hum." A third relative commented, "The thing they do best is their reliability. I have had four other agencies in the past and this is a reliable service and they do the best for my wife."

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff we spoke with told us they felt supported by the manager and felt the service was well managed. One member of staff said, "Management support is very good and office staff are always available to support us if needed even out of office hours." Another member of staff told us, "The good thing about this service is good communication. We have work mobiles and the manager and office staff are very supportive." A third member of staff commented, "I feel the service is run very well. I feel 100 per cent listened to and supported. We have regular spot checks and staff meetings which are good."

Records showed that staff meetings were held on a regular basis for office staff and on a six monthly basis for community care staff to provide them with the opportunity to meet and share good practice or to discuss issues of concern. Minutes of the meeting held in May 2017 recorded agenda items for discussion such as the ECM and electronic MARs system, training, carer's bonus scheme and complaints. The provider also produced a seasonal staff newsletter which addressed staffing issues as well as information of interest and guidance.

There were systems in place that ensured the provider took account of the views of people using the service and their relatives. This was done through staff on site spot checks, service user telephone reviews and monitoring calls, reviews of people's care plans within their homes and annual feedback surveys. We looked at the results for the survey conducted in June 2017 which showed positive results and that people were satisfied with the service they received.

There were systems in place to monitor the quality of the service provided and to identify and address any issues or concerns. The registered manager showed us audits which were conducted on a regular basis. These included, care plans and records, incidents and accidents, medicines, ECM monitoring and missed calls, staff files and records and safeguarding amongst others.