

Link Care Solutions Limited

# Link Care Solutions

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Link Care Solutions is a domiciliary care agency providing personal care to people in the community. The service provides support to adults who may have dementia, mental health conditions or physical health conditions. At the time of our inspection there were 12 people using the service.

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

Staff were not always recruited safely. References had not been received for one member of staff prior to commencing work. This had been identified and addressed by the provider prior to the inspection.

Medicines were administered safely however there were no records to demonstrate that staff competency to administer medication had been assessed. We have made a recommendation around this. Safeguarding policies were in place and staff knew how to raise concerns. People told us they felt safe.

Staff training was not all up to date at the time of the inspection. The mandatory training was being reviewed by the manager to determine what was essential. People were supported to eat and drink, and their preferences were recorded. Staff were supported by spot checks and check ins with the manager.

People were treated with dignity and respect by staff. People told us that staff were kind and caring. Staff supported people well and encouraged them to maintain their independence where possible.

People's care plans were personalised, and further details were added when staff got to know people. Care notes demonstrated that staff knew people well and how they liked to be supported. People were supported with compassion at the end of their lives.

The provider did not have systems in place to ensure that information was kept up to date. The provider had not updated the Commission regarding their registered manager leaving the service. The office address had also changed which had only been partly updated with the Commission. Staff and people using the service gave positive feedback about the manager and management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 18 January 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified breaches in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in the responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Link Care Solutions

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 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.

#### 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 person registered with the Commission to manage the service. However, they had not worked at the service for over a year. There was a manager in place who told us they intended to submit an application to register.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with the Commission. 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 also used information gathered as part of monitoring activity that took place on 17 April 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We reviewed 4 care plans, staffing rotas, the call monitoring system and staff training matrices. We reviewed documents relating to the running of the service. We spoke to 3 people who use the service and 5 relatives. We spoke to 4 members of staff including the manager, the nominated individual and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

### Using medicines safely

- Medicines were administered appropriately, and staff received training in the administration of medication; however, the service did not complete competency checks on staff who were responsible for administering medication. The manager explained that staff were observed following their training and shadowing period, however this was not documented.
- The service had an electronic system in place which enabled live monitoring and oversight of the administration of medication.

We recommend the provider implements a formal process to assess the competency of staff in administering medication.

### Staffing and recruitment

- Staff were not always recruited safely. Necessary recruitment checks were not always completed prior to a person commencing employment. For example, we found references for one member of staff had not been checked prior to commencing employment. The provider had identified this prior to our inspection and followed up on the necessary information.
- People told us they were mostly supported by the same staff however there were occasions where people didn't know the staff who were coming to support them.
- We received mixed feedback around staff staying for the duration of the calls. One person told us, "They [staff] don't stay long". Another person told us, "They [staff] always stay for the whole time."

### Assessing risk, safety monitoring and management

- Risk assessments were in place to identify risks relating to the person using the service and their home. Risk assessments identified risk relating to mobility and mental health. There was not always sufficient detail to guide staff on how to respond to the identified risks. Staff knew people well and how to support them.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The service had a safeguarding policy in place. Staff demonstrated a good knowledge around types of abuse and their responsibility to raise any concerns.
- The service had not raised any safeguarding referrals and there were no ongoing safeguarding investigations at the time of the inspection.

#### Preventing and controlling infection

- The service had an appropriate infection and prevention policy in place. Staff had access to personal protective equipment (PPE).
- The management team completed spot checks on staff which included checking their infection prevention and control practices.

#### Learning lessons when things go wrong

- The manager was responsive throughout the inspection and suggested ways to drive improvements at the service.
- The electronic planning system gave the manager oversight around issues which needed to be addressed. The manager contacted other professionals when concerns were identified.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training was not up to date. Staff had completed the Care Certificate and training relating to the administration of medication. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific roles. Staff had completed their mandatory training however some areas of training had lapsed. The provider was reviewing which training was essential for staff.
- Staff told us they felt well supported throughout their induction period and were given the opportunity to extend their induction if they wanted to.

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

- People's needs were assessed at the start of their package of care. People's care plans were updated as required, in line with their needs.
- People's choices and preferences were included within their care plans.

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

- Staff supported people to eat and drink. Care notes demonstrated that staff offered people alternatives and encouraged people to eat and drink. Where concerns were identified for people, around reduced food and fluid intake, care plans were updated and families were kept informed.
- Where appropriate, food and nourishing drinks were left available for people to support their diet outside of the care calls.

Staff working with other agencies to provide consistent, effective, timely care

- The manager contacted professionals on behalf of people using the service, when needed. For example, the manager supported people with collecting their medications.

Supporting people to live healthier lives, access healthcare services and support

- The manager supported people to contact their GP and pharmacy, if necessary. The manager was in regular contact with people using the service and would contact other healthcare professionals for them. For example, the manager contacted the GP and pharmacy to follow up on an outstanding prescription for someone using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were clear around their roles of supporting people in line with their consent. Care notes demonstrated that people were listened to.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. One relative told us, "They're [staff] really kind and I've nothing but praise for them all".
- Staff treated people with dignity and respect. Staff contacted the office if they had any concerns or queries around the people they were supporting. Staff escalated their concerns for people appropriately to ensure they received the correct care.

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

- People were supported to express their views. The manager visited people at the commencement of their packages of care to develop a personalised approach.
- The management team visited people to gain feedback on their care. People told us they felt comfortable to express their views with staff and the management team.
- We received mixed feedback about whether people had seen their care plans. People felt able to speak to staff about this.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported their independence. Staff encouraged people to complete elements of their own personal care, where possible, to support their independence.
- Staff explained to us how they encouraged people to carry out elements of their personal care and spoke about motivating them to maintain some independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and updated as staff got to know people more. Notes recorded by staff after providing care demonstrated that staff knew people's likes and dislikes. There was some evidence of family involvement with care planning.
- During the inspection, some care plans were updated which included further personalisation around how people liked to be supported.

Improving care quality in response to complaints or concerns

- The manager responded promptly to concerns. The service had not received any complaints however the monitoring system showed the service had responded quickly to concerns and promptly contacted other professionals as needed.
- People told us they felt able to raise concerns if necessary. One person told us "(The senior and deputy manager) are really good and say any worries get in touch."
- Relatives of people using the service told us of occasions where they had raised concerns with the manager. Most people felt that they were reassured, and the concerns were addressed appropriately.
- The service had a clear complaints policy in place which was available for people using the service.

End of life care and support

- Staff knew how to support people well at the end of their lives. The service had developed a specific end of life care plan. Care notes demonstrated that staff understood what good end of life care looks like. The notes showed that people were supported with compassion at the end of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 provider did not have systems in place to ensure they kept up to date with their regulatory requirements. There was a person registered with the Commission to manage the service however this person had not worked at the service for over 18 months. Another person had been in post during this time and the provider had not ensured their application was completed. At the time of the inspection, there was a new manager in place who intended to register with the Commission
- The address of the service had changed since the service registered. The provider had not ensured that all necessary registration records were completed with the Commission.
- The provider had identified some areas where improvement was required. For example, recruitment processes. However, there was no formal process in place to identify and monitor these areas.
- There were no formal audits in place at the service. The manager explained that the call system is monitored on a daily basis and any issues are followed up straight away. Care notes showed where professionals had been contacted. The manager understood the need for these processes to adapt as the service grows to ensure the quality assurance measures are robust.

Monitoring systems were not in place to ensure information was up to date. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their duty of candour responsibilities.

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

- The provider and manager supported staff to feel empowered to raise any queries and contact them for advice.
- The manager contacted professionals on behalf of people using the service to ensure they received their medications.

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

- People and staff engaged with the manager around their experiences of the service. The manager spoke with people using the service on a regular basis. People were regularly asked for feedback on their care. One person told us, "Staff always ask if there's anything else they can do before leaving and ask if everything was ok."

#### Continuous learning and improving care

- The provider was aware that there were areas for improvement at the service especially as the service grows. The provider had plans in place to hire additional staff to provide administrative support to the manager.

#### Working in partnership with others

- The manager told us they worked very closely with local commissioners to support the needs of people in the local area.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to ensure information was up to date.</p>