

Carelink Healthcare Professionals Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Carelink Healthcare Professionals Ltd is a domiciliary care agency supporting people with their personal care needs in Leicestershire. At the time of inspection, 84 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support: People were kept safe from the potential risk of harm. Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs. Enough staff were employed to meet people's needs. People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

Timely calls were mainly in place to provide people with the personal care they needed. Where they were not, this was followed up by management. Safe recruitment practices were in place to ensure only suitable staff worked at the service.

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. People where required were supported with their medicines. Accidents and incidents were reviewed.

Right Care: People and their relatives were positive about the care and support provided and were involved in discussions and decisions about care and support. People and relatives were very satisfied with the personal care staff provided. They said staff treated people with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Care plans reflected people's individual needs.

Right Culture: Systems and practices for oversight and governance of the service were insufficient to monitor the quality and safety of the service provided. The system of auditing had not identified improvements were needed to evidence all issues raised by people and staff had been followed up.

People and relatives spoke positively of the service provided. They were aware of how to approach

management to raise concerns or complaints and these were usually responded to swiftly by management. The registered manager understood their responsibilities and worked in an open and transparent way.

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

#### Why we inspected

The inspection was to follow up concerns around the governance of the service.

The overall rating for the service has remained good based on the findings of this inspection.

#### Rating at last inspection

The last rating for this service was good (published 14 May 2019).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well led.</p> <p>Details are in our well led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Carelink Healthcare Professionals Ltd

## **Detailed findings**

### Background to this 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 Care Act 2014.

#### Inspection team

This inspection was carried out by 1 inspector and 2 Experts 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 homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 2 days notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 17 January 2024 and ended on 18 January 2024. We visited the office location on 18 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority.

During the inspection we spoke with 8 people who used the service about their experience of the care provided and 7 relatives. We spoke with 4 care staff, the registered manager, the branch manager and a director. We reviewed a range of records. This included 4 people's care records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments were in place which covered the potential risks for people such as from risks associated from moving and handling and pressure sores. They detailed what action staff should take to reduce risks to people.
- Risk assessments helped to ensure that any risks to people's personal care and environment were identified, prevented and reduced.
- One person said, "Staff are very careful when handling me, dressing me, and moving me from bed to chair."

### Staffing and recruitment

- People and relatives said the majority of care calls to people had been timely. Where concerns had been raised about care calls being late or with limited travelling time, these had been addressed by the management team to ensure improvements had been made.
- People and their relatives told us there were sufficient staffing was always in place.
- Recruitment systems protected people from receiving personal care from unsuitable staff members. Staff records showed evidence of good character and criminal records checks had been completed for staff before they began working at the service.
- Assessments and support plans identified the number of staff required to deliver care safely.

### Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People and relatives told us they felt safe with staff from the service. One person said, "They are very professional, and they do their job very well."
- Staff members demonstrated they understood how to safeguard people. They were confident the management would take action if they reported any concerns about people's safety.
- The registered manager was aware of how to report safeguarding concerns to the local authority safeguarding team.

### Using medicines safely

- Medicines were safely administered or prompted to people where they required this.
- People and their relatives confirmed there had been no problems when staff supplied or prompted medicines. One relative said, "They [staff] give [family member] medication 4 times a day. The medication is on time."

- A medicine audit system was in place to check medicines had been administered safely. Staff were trained to administer medicines and there was a competency check in place to ensure staff knew how to safely administer medicines.

#### Preventing and controlling infection

- People were protected from infections.
- People and relatives told us staff had always wore personal protective equipment (PPE) such as aprons and gloves.
- Staff members described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. Staff members told us there was always enough PPE available to ensure people were protected from infection.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- The registered manager told us there had been some occasions to learn lessons such as what action staff should take if a person was waiting for medical care to arrive, and staff needed to attend another call.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained to provide the care and support needed.
- People and their relatives said staff provided good quality care. They were satisfied care was provided effectively in meeting people's assessed care needs.

Staff support: induction, training, skills and experience

- Staff were provided with training and support appropriate to their role.
- People and relatives said staff were aware of what care was needed and provided their family members with the care they needed. One person said, "Yes, I like the care they give me."
- Records showed staff had received an induction and relevant training such as infection control, medication, and health and safety. Most staff members told us this training made them feel confident to meet people's needs. Staff had their competencies checked to ensure the effectiveness of the training provided. Staff were also paired with an experienced colleague when assisting with moving and handling.
- Staff confirmed that refresher training was provided to ensure they were up to date with the skills they needed to provide effective care to people.

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

- People received appropriate assistance from staff with food and fluids.
- People told us staff offered them drinks. This meant they were protected from potential dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed staff had referred people to health care professionals such as GPs, nurses and occupational therapists when necessary.
- Staff were aware of what to do should someone need medical assistance. They described how they had contacted the ambulance service when people had been unwell.
- People's assessments and care plans covered their health care needs.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are

helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- Staff members understood the principles of the MCA and supported people to make choices.
- Staff confirmed they always asked for consent before providing care.

# 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Three of the 4 staff we spoke with said that there had been issues with a lack of management support in issues such as working long hours, being expected to respond to care calls on their days off and not always getting a sympathetic response to their work life balance concerns. Whilst evidence was submitted from staff indicating managers were supportive of staff where they had health concerns and child care issues; the management team agreed to review working practices to ensure staff interests were always taken into account.
- The provider stated that no staff are forced into unsuitable arrangements but accommodating every preference is not always feasible to uphold responsibilities to service users.
- The branch manager engaged with people and relatives. People and relatives all said, except 1 person, that when they contacted the office the staff were responsive to their concerns and took action to resolve issues. The registered manager followed up the issues of concern with this person.
- The culture of the service valued people's individuality. People and relatives said that staff asked their family members how they wanted their care to be provided. One relative said, "Very satisfied with what they do, and they always ask if there is anything else they can do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Actions were not always identified and acted on in surveys completed by people and staff. For example, 1 person stated they were not informed of changes to call times. Another person stated some staff were difficult to understand because of strong accents. However, there was no evidence in place to show these issues had been followed up. The registered manager followed up these issues when they were highlighted during the inspection.
- A staff member had highlighted in a survey there needed to be more support for overseas staff such as a handbook explaining English phrases, habits and food preparation. The registered manager said that this was part of the induction supplied to new staff, but this was not included in an action plan to the survey.
- Quality assurance tools had been undertaken in respect of care provided, accidents and incidents, complaints and the timeliness of care calls. However, further improvement was required to ensure these identified the issues we found during this inspection.
- The registered manager had submitted a statutory notification to keep CQC informed of relevant information and was aware of the requirement to report serious incidents.
- Most staff said the training provided was good and covered relevant issues of care. The registered

manager supplied evidence of training supplied to staff by accredited trainers and competency checks carried out.

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- The registered manager said there had not been any incidents which had met the duty of candour threshold.
- Staff knew how to raise concerns and told us they would report to a relevant agency if they felt their concerns were not acted on.

Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to GPs and district nurses to seek health support for people's conditions.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the management and people's families if people were ill or had an accident.