

Caringlinks Limited

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Inspection report

Derby West Business Centre, Ashbourne Road
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Derbyshire
DE22 4NB

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Tel: 01332824442

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

About the service

Caringlinks Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 41 people were using the service, 39 of which received personal care.

Not everyone who used the service received personal care. 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

People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.

Medicines were managed safely by trained and competent staff.

People's needs had been individually assessed. Care plans and risk assessments detailed the actions staff should take to minimise any risk of avoidable harm.

People and relatives consistently told us the staff knew them well, people and their relatives, where appropriate, were involved in their care planning and how they wished to be supported.

Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of people's preferences and needs.

The registered manager understood the importance of monitoring the quality performance of the service. There were systems and processes in place which regularly provided this information including continuity of staff, medication and care record audits. This information was monitored and actioned appropriately.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 01 January 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

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 our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Caringlinks Limited

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

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.

Inspection activity started on 22 November 2021 and ended on 13 December 2021. We visited the office location on 23 November 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, and health care assistants.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and reviewed people's visit times.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- The provider had systems in place to monitor accidents and incidents. This information was analysed by the management team and actions were taken to reduce any further risks.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person who was at risk from choking, had clear, detailed information which identified the risks associated with choking and the action staff should take in the to reduce the risks recorded.
- Environmental risks had been assessed. This ensured staff were aware of any risks when carrying out visits to people.
- Risks to people were regularly reviewed and their care records updated. We saw evidence that when people's needs had changed the registered manager had ensured their care records had been reviewed and updated promptly.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references.
- People received consistent care from regular staff who knew them well. One person told us, "The staff are good and friendly, I have regular's [staff]."

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- The service worked in partnership with other professionals to ensure people received their prescribed

medicines as required. There was clear guidance for staff for safe administration of 'as and when' required (PRN). This meant people received these medicines when they needed them

Preventing and controlling infection

- Staff received training in infection prevention and control. Staff told us how they managed risks in relation to COVID-19 such as how they took part in regular testing and wore Personal Protective Equipment (PPE) when visiting people.
- People told us that the service had kept them up to date with any changes to the way they were operating in line with government guidance. A person told us, " They always wear masks."
- The service had an infection control policy in place which staff followed. The service had Personal Protective Equipment (PPE) stock and ensured staff had a stock of hand wash, hand sanitiser and cleaning products.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to management team, these were reviewed, and actions were taken to reduce any further risks.
- The registered manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, the registered manager had had identified that improvements were required in ensuring staff left people's homes tidy. We could see this had been actioned and discussed in a staff meeting.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm.
- People had detailed personalised care plans in place which were reviewed regularly and reflected people's changing needs. People and their relatives where appropriate told us they had been involved in this process.
- People's needs and choices had been identified in their care plans and for example, one person liked to carry out certain areas of their care independently, we saw this took place and was recorded in the person's care notes.

Staff support: induction, training, skills and experience

- Staff had completed mandatory induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and spot checks of their competencies which included feedback on performance.

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

- People's care plans clearly detailed their eating and drinking needs, and when people had specialised diets staff followed professional's advice.
- Staff had received training in diet had nutrition awareness. People's food and fluid intake was recorded and monitored when required.

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

- The service ensured that guidance from health care professionals was detailed in people's care plans. Staff followed this to ensure people's health care needs were met.
- People were supported to maintain or improve their health. The management team had liaised with external health care professionals when needed to ensure people received the required support.

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 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.

We checked whether the service was working within the principles of the MCA.

- People had mental capacity assessments and best interest decisions in place when relevant, these had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Where relatives held Lasting Power of Attorney (LPA) for people which meant they were legally able to make decisions on people's behalf, the registered manager had checked the LPA was in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People and relatives consistently told us the staff knew them well. A relative told us, "They know [person] well, if something changes or if they are worried about something and let me know straight away"
- People and relatives told us staff treated them well. A relative told us, "I am very pleased, the staff are lovely and caring." A person told us, "The staff friendly, efficient and always polite".
- Staff had received training in equality and diversity. Care plans contained information about people's choices and personal relationships, and detailed the support staff were required to provide to ensure people's individual needs were met.

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

- People and their relatives, where appropriate, were involved in their care planning and how they wished to be supported. People were also given opportunity to regularly review their care plan to see if any changes needed to be made.
- People told us they received quality assurance surveys, where they had an opportunity to suggest any improvements to the service.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in dignity, privacy and respect. People's care records included information on the areas of care people could manage independently.
- Staff explained to us how they treated people with dignity and respect, staff understood the importance of getting to know the people they were supporting by reading their care plan and spending time to understand people's routines.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Staff had built positive relationships with people they were supporting and demonstrated a good understanding of people's preferences and needs. One person told us "I have regular staff; I have got know them and they know me."
- Following an assessment of people's needs, care plans were developed and agreed with the person, in how they wanted to receive their care. Care plans provided staff with guidance about people's needs and routines.
- People received a schedule in advance of their visits, which detailed who would be visiting them, people told us they were informed of any changes to the schedule.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats of information were available, the registered manager understood the importance of ensuring information was available to people in their preferred format. People confirmed that they received information that was suited to their needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the one complaint the service had received since our last inspection, we found this had been investigated and resolved promptly.
- People and their relatives told us they knew how to complain and were regularly given opportunity to raise any concerns. People and relatives told us they had regular communication with the office team who were responsive to their queries.
- The service regularly communicated with people and their relatives where appropriate.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.

- The registered manager advised that staff worked alongside other professionals to provide end of life care. Staff had received training on end of life care.
- The service had received many compliments about the care staff had provided, these included compliments from relatives following the care and support their family members had received 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a positive and person-centred culture. A person told us, "The staff give me a lot of help, I don't know where I would be without them". A staff member told us "I have learnt so much working here, [registered manager and deputy manager] are so encouraging and supportive"
- The registered manager was knowledgeable about the duty of candour, they had not had to put this into action, however they were able to explain the steps they would take.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the importance of monitoring the quality performance of the service. There was systems and processes in place which regularly provided this information including continuity of staff, medication and care record audits. This information was monitored and actioned appropriately.
- Risks were regularly assessed and reviewed, the registered manager and staff had a good understanding of how to protect people from harm.
- The registered manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.
- The registered manager identified risks when assessing people prior to them receiving a service. The registered manager had taken action to source additional staff training which reduced the risk to both the person and the staff allocated to support them.

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

- The registered manager gathered feedback about the quality of the service through surveys, to people and their relatives. The feedback received was then analysed and used to drive improvements in the service.
- The registered manager had a supervision schedule in place to ensure staff had a regular one to one meeting which provided staff with feedback on their performance and checked on their wellbeing, the service had an employee assistance programme where staff could seek professional guidance and support if

required.

Continuous learning and improving care

- The registered manager was committed to continuously improving the service and had a detailed plan in place which included working towards nationally recognised accreditations for quality standards.
- The registered manager had identified that improvements to the service could be achieved by the use of an electronic care monitoring system, the system provided a live overview of the care delivery this enabled the management team to be responsive to any queries or change in a person's needs.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and district nurses to support people to access healthcare when they needed it which had improved people's outcomes.