

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Carelink Healthcare Professionals Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. At the time of the inspection 102 people were using the service.

People's experience of using this service

- People were pleased with the quality of care and support they experienced. They told us they felt safe when support workers visited them to provide care. A person told us, "It's so good to know I can just trust them."
- Support workers made people feel safe and secure.
- Support workers knew who to report any concerns to and assessments of potential risk ensured that people were as safe as possible. They told us they were confident that if they raised any concerns the registered manager and senior staff would take them seriously.
- Support workers were trained in how to support people safely, for example when they used equipment such as a hoist to lift and transfer people. They told us they knew what it felt like to be hoisted because they experienced this for themselves when they were trained how to use hoists.
- The same support workers supported people most of the time. The provider recognised this was important to people and was working towards ensuring this. They organised support workers into small teams so that people had a core team of five support workers who would visit them. The provider employed enough support workers so that they could meet people's needs in a timely way.
- Support workers went through a thorough recruitment process that ensured as far as possible that only suitable staff were employed. New support workers learnt about people's needs by 'shadowing' then working alongside experienced colleagues before supporting people alone. They learnt about people's likes, dislikes and preferences about how they wanted to be supported.
- Support workers had training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.
- Support workers gave people their prescribed medicines safely. They had training about how to manage medicines safely.
- Support workers followed safe practice for infection control. They wore protective equipment such as gloves and aprons when they supported people. They supported people to keep their homes clean.
- Support workers supported those people who required support to have enough to eat and drink and to access health services when they needed. They telephoned for doctors or nurses to attend to a person if they were unwell.
- Support workers respected people's privacy and dignity and encouraged people to be as independent as possible. People had opportunities to decide on the care they wanted and to review and change the care if it was not meeting their needs. Care records reflected their decisions.
- People knew how to complain and were confident that the registered manager or office staff would resolve their complaints. People told us they found it easy to contact the office.
- The provider had effective arrangements for monitoring the quality of the care and support people experienced. These included regularly asking people for their feedback and acting on what people said.

Rating at last inspection

At the last inspection we rated this service Good (report published on 5 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 ●

Carelink Healthcare Professionals Ltd

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and three experts by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts by experience had cared for older people with a range of health needs.

Service and service type

Carelink Healthcare Professionals Ltd is a home care agency that supports people who live in their own homes. Not everyone using the service receives the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 28 March 2019. We gave 24 hours' notice because we needed to be sure that there would be staff in the office.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen that the provider must let us know about. We requested and received information from the local authority that pay for the care of some of people.

Providers are required to send us a provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before our inspection visit our experts of experience made telephone calls to people or their relatives. They spoke with 20 people and 16 relatives. During our inspection we looked at four people's care records. We spoke with the registered manager, a director, a staff member who co-ordinated and planned home care visits and three support workers who made home care visits. We looked at records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- Support workers understood their responsibilities to safeguard people from avoidable harm. They knew how to recognise abuse and how to report concerns using the providers safeguarding procedures.
- Support workers told us they were confident that if they raised any concerns the registered manager and senior staff would take them seriously. The registered manager reported an allegation of abuse to CQC and the local authority safeguarding team. The outcome was that abuse had not occurred, however this showed the provider followed their safeguarding procedures.
- People told us they felt safe. A person said, ""The carers always think about my safety. They always tell me they'll lock the door as they're going out, so I don't have to worry about that.""
- Relatives were confident that their family members were safe. A relative told us, "I never have to think about their safety when they are here, they are very, very good, I know they are safe in their hands."
- The provider regularly sought people's feedback. We looked at 17 questionnaires people returned recently. They all reported that they had never felt uneasy or intimidated by staff.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. Support workers followed the risk assessments which supported the safe delivery of care and support.
- Senior support workers carried out risk assessments of people's home environment and they were advised about how to stay safe at home. A person told us, "When they leave they always ensure things are put away to prevent me from having any falls."
- Senior support workers carried out unannounced spot-checks to monitor staff when they made home care visits. When scope for improvement was identified actions were taken to encourage support workers to improve their practice. The most common error by support workers was that they did not always wear their identification badge. They were reminded of the requirement to wear a badge and follow-up spot checks were made to ensure they did.

Staffing and recruitment

- The provider organised support workers into teams that covered small geographical areas. They were effectively deployed to complete scheduled home care visits.
- The registered manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check and references, were satisfactory.

Using medicines safely

- People who wanted to be supported to take their medicines were supported to do so by support workers who were trained in the safe management of medicines.

- A person told us that their medication regime was complex. They required support workers to be knowledgeable about this. They said that when new support workers were assigned to them, an experienced support worker who was familiar with the procedures would show a new one what to do at least two home care visits.
- The registered manager and senior staff who were registered nurses carried out medications audits to ensure that people who required support had their medicines as prescribed.

Preventing and controlling infection

- The provider had systems in place to make sure that support workers followed infection control procedures. People told us that support workers always wore personal protective equipment when they supported them. Support workers helped people to keep their home clean. A relative told us, "The carers always leave the house looking pristine."

Learning lessons when things go wrong

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager and senior team encouraged support workers to learn from errors and oversights through supervision and refresher training. For example, the results of spot-checks were discussed with support workers so that they understood what improvements they had to make.

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

Good: 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

- The registered manager, a director and senior staff carried out assessments of people's needs before they began to use the service. They did this because they wanted to be sure the service could meet people's needs.
- The registered manager and senior staff who were registered nurses maintained their registrations and kept up to date with good best practice. They passed their knowledge and experience to other staff at training sessions, supervisions and staff meetings. This supported all staff delivered care in line with all relevant guidelines.
- The manager considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- Support workers appreciated and understood the diversity of people. They knew about religious festivals, and how and when these were celebrated, for example when people fasted. They supported people with their cultural needs which included how people needed to dress at different times of the day, what they ate and even how they wore their hair.
- Support workers responsible for arranging home care visits considered people's preferences, for example being supported by staff with awareness of language and cultural needs.
- People's and relative's feedback about their care and support was consistently positive.

Staff skills, knowledge and experience

- Support workers received training, support and guidance so that they had the knowledge and skills to do their job well. Training included information about health conditions people lived with, such as diabetes. Staff who were registered nurses and external specialist trainers trained staff. Support workers told us their training had equipped them with the right skills and knowledge to be able to support people.
- People and their relatives told us they felt staff knew what they were doing because they had been trained to a good standard. A person said, "My two regular carers are just fantastic. I mean not just good, I mean really great."
- All support workers had regular supervision meetings with either the registered manager or a director. They told us the supervision meetings were helpful and constructive. They discussed their performance, training needs and the needs of people.
- New support workers underwent a thorough induction, which included shadowing more experienced staff.

Supporting people to eat and drink enough with choice in a balanced diet

- Not all people required support with their nutritional needs, but those who did were satisfied with this aspect of their care. People told us that when they were short of food supplies staff would bring them what

they needed. A person said, "I needed a loaf of bread, so the carer nipped out and brought me one."

- Support workers were trained in food hygiene. They warmed meals that people or their relatives had prepared or made sandwiches for people.

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

- Support workers worked closely with other agencies such as the local medical practice to make sure that they met people's needs. If a person had to go to hospital care workers took them to healthcare appointments if relatives were unable to.
- Support workers were alert to changes in people's health. They called people's medical practice if a person was unwell.
- A relative told us that after a support worker saw their family member collapse they telephoned for an ambulance immediately and stayed in the house until the ambulance crew had arrived. They did not leave until the ambulance crew had decided about what they needed to do.
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews to see.
- The provider worked with health professionals such as occupational therapists so that people could be assessed for whether they required or qualified for assistive technology such as stair lifts, hoists and mobility aids.
- The provider supported people to access specialist charities and voluntary organisations that supported people with aspects of their lives. The provider co-ordinated homecare visits to fit in with the support, such as cancer care and befriending services.

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 with appropriate legal authority. If people are living in their own homes the authority can only be made by the Court of Protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No people were being deprived of their liberty.
- People's care plans included signed consent to receive care and support from the provider. Support workers had training about the MCA. They sought people's consent before providing support and explained how they were going to support them, for example with washing and dressing.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke in complimentary ways about the support workers. Comments included, "They are such a lovely bunch of carers"; "The carers support us as a family because it's such a difficult time for us. They are very kind and understanding" and "I get a cuddle and a hug from the carers every day too. It really helps because life is difficult sometimes."
- Support workers often did more than people expected. A person told us, "[Support worker] always does more than they are supposed to do. They are exceptionally caring." A relative told us, "The carers are so kind. This morning they could see I was struggling so they made my bed as well as [person who used the service]. That was such a help for me."
- Support workers supported people in ways to show people mattered to them. Comments from people included, "The carers are very kind and helpful" and "We laugh and joke with the carers, which makes me feel happy." A relative said, "We know they only come for a short while but they spend a good amount of quality time together."
- Support workers knew people's likes and dislikes and their preferences about the way they wanted to be supported. This was because care workers regularly supported the same people most of the time.

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

- People were involved in decisions about their care. A person told us, "They always engage with us while doing their tasks." Most people told us that they were fully aware of the care plan and that support workers involved them when they updated the plan.
- Support workers sought people's views during home care visits. Senior support workers sought people views when they carried out spot checks of staff. The provider operated a continuous survey of people. People's views were acted on, for example changes were made to times home care visits took place.

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way support workers treated them. All the people we spoke with told us they were treated with dignity and respect.
- People told us that support workers respected their privacy when carrying out personal care. Support workers closed doors and curtains, and covered people with towels or blankets whilst performing personal care tasks. This included when people had visitors. A person told us, "The carers always close the curtains and doors because there are other people in the house."
- People told us support workers spoke respectfully and politely with them. People looked forward to support workers making homecare visits. A relative said, "They brighten [person's] day when they came to visit."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People experienced care that met their needs and in line with their preferences. A relative told us, "Carers always ask [person] how they want to be dressed and what kind of sandwich they prefer for their lunch. They encourage [person] to make the decision about their day to day tasks."
- The provider planned and organised people's care and support in ways that recognised what was important to people. People told us that the three most important things were being supported by support workers they knew, support workers arriving at or near to the expected time and care routines being carried out as they expected.
- Most people were satisfied that what was important to them was delivered. The provider's monitoring of home care visits showed that 95% of visits were within 15 minutes of when people expected.
- Shortly before our inspection the provider had introduced a new computer system for scheduling home care visits. The system worked in 'real time' and alerted office staff if a home care visit was 15 minutes overdue. If this happened, a person was advised and, if necessary, a different support worker was sent.
- Some people said they preferred fewer support workers to support them. A person told us, "I have the same carer every day we have a good relationship." Other people liked seeing more care workers. A relative told us, "[Person] has had a few different carers. Sometimes they are great company. This helped break the isolation which was affecting [person's] well-being."
- A small number of people found it unsettling to be supported by different support workers. The provider recognised this and they made it a key consideration that people were supported by regular support workers. Most people were supported by no more than five different staff from the same team.
- Some people told us they felt anxious because they did not always know which support worker would be visiting them. We discussed this with the registered manager and they told us that they would ask people if they wanted to know in advance which support workers would be visiting them. Those who did would be told.
- People's care plans were detailed and person centred. The plans included all the information support workers required to understand how to meet people's needs. Information in care plans was accessible via a secure software application on support worker's mobile telephones. Support workers had access to the very latest information about people's needs. They told us they found the 'apps' easy to use.

Improving care quality in response to complaints or concerns

- People and their relatives told us they contacted the provider's office to raise concerns. People and relatives had raised concerns support workers being too early or late. When they requested different times for home care visits the provider did their best to accommodate them.
- The registered manager and a director investigated complaints. They met with or telephoned the person making the complaint and sent letters with the outcome of their investigations.
- The provider used complaints to identify improvements that could be made to the service. They had

introduced a new system for planning home care visits that provided a better oversight of care worker's punctuality partly as a result of feedback from complaints.

End of life care and support

- The provider arranged for support workers to receive end-of-life care training from specialist nurses so that they could care for people who preferred to remain at home in the latter stages of their life.
- We saw `thank-you' cards relatives had sent to thank support workers for the quality of care and support they provided. One card said, `We were truly blessed when you came into our lives.' Many cards included recognition that support workers had provided emotional support to people and relatives.

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.

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

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

- The registered manager understood the legal duties of a registered manager and sent notifications to CQC as required.
- The service was well organised and support workers were clear about their roles and responsibilities. Communication between office staff who co-ordinated home care visits and support workers was effective.
- The provider had a quality assurance system in place to ensure that support workers provided care that met people's needs. This included an on-going quality survey which people participated in. Survey results were consistently positive.
- The quality assurance system included monitoring punctuality and duration of home care visits and the number of different care workers that visited people. This showed that the provider monitored what was important to people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured that the rating from our last inspection was displayed at the office and on the provider's website.
- Support workers were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's aims and objectives. Support workers we spoke with told us they felt motivated and that the service was well managed.
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. Complaints were investigated and if errors such as late or missed home care visits occurred the registered manager explained why. Support workers had feedback about their performance and improvements they were required to make, for example remembering to wear identification badges when they called at people's homes.

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

- The registered manager encouraged and supported people and their relatives to express their views about the service. People, relatives and staff were involved in improving the service
- Support workers understood and respected people's diversity and supported them in ways that mattered to them by, for example, supporting people to follow their cultural needs.
- The registered manager and senior team engaged with people to identify how they could help improve the quality of people's lives. After people reported that they sometimes felt lonely and socially isolated, a variety

of ideas were considered and implemented. For example, on days agreed with people support workers took their pets to people. The provider planned to make a large room at their premises available for coffee mornings where people could meet others who used the service.

Continuous learning and improving care

- The provider used people's feedback to improve the service. After people reported that some home care visits were late or had not taken place, a new system and more efficient system for monitoring home care visits was introduced. This showed that 95% of visits were within 15 minutes of when people expected. The provider planned to improve on this through how care teams were organised to minimise the amount of travel time in between home care visits.

Working in partnership with others

- The provider worked with local charities and health organisations to co-ordinate the care and support people received.
- The provider was a member of an association of other home care providers in Leicestershire. They met regularly and shared ideas about training and quality assurance systems.