

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Independent Care Link Ltd

Stanton House, 49-51 Stanton Road, Ilkeston,
DE7 5FW

Tel: 01159444448

Date of Inspection: 21 May 2013

Date of Publication: June
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Independent Care Link Limited
Registered Manager	Mrs. Joanne Lawson
Overview of the service	<p>Independent Care Link Limited provides personal care and support to people who live in their own homes in Southern Derbyshire.</p> <p>The service is in Ilkeston in Derbyshire and is managed by Independent Care Link Limited.</p>
Type of services	<p>Domiciliary care service</p> <p>Supported living service</p>
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with three people who used the service and three relatives.

People told us they were happy with the service they received, and felt that their needs were being met. People said they had agreed to their care and treatment.

Relatives said they were happy with the care their family member received, and felt involved in decisions about their care and treatment.

We found that the service was flexible and centred around individual needs and preferences.

Comments received from people about the service included " I can't fault the service the staff team are brilliant, the staff do more than just care, the service provides personal care and is reliable and the service is very good."

People told us they received a reliable service as they received the help they needed at their preferred times. People also said that they usually received care from regular staff who knew their needs.

The service showed a commitment to promoting dignity and ensuring people were treated with respect.

People said they felt listened to and able to express their views about the service. They also said that staff respected their privacy, dignity and independence.

People were protected from the risk of abuse, because the provider had taken steps to identify and prevent abuse from happening.

We found that the service was well managed, and that clear lines of responsibility were in

place. This meant that people received consistent standards of care and service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People received care and support in ways that respect their privacy, dignity and individuality, and enabled them to make choices and decisions about their lives.

Reasons for our judgement

People told us they were supported to make choices and decisions about their care and treatment.

We saw that the information guide about the service included information about independent advocacy services. This meant that people who used the service were aware of advocacy services available to them.

People said they felt listened to and able to express their views about the service. They also said that staff respected their privacy, dignity and independence.

Relatives we spoke with told us they were involved in decisions about the care, treatment and support their family member received.

Three people's care records we looked at included information about the things that are important to them, and how they preferred to be supported. This enabled staff to meet people's individual needs. Where able, people had signed their care records to show they were involved in completing their assessment and support plan.

Staff we spoke with demonstrated a good understanding of people's needs and how best to communicate, and support them to make choices for themselves.

Discussions with staff and records showed that people's diverse needs, values and rights were respected.

The general manager told us that as part of their commitment to promoting dignity in the service, all staff were required to sign a dignity contract. Also, 13 staff were 'dignity champions', which involved promoting dignity issues and ensuring people are treated with respect. Records showed that the service achieved a bronze dignity award through Derbyshire County Council in 2012. The service planned to commence the silver award

shortly. This showed a commitment to promoting dignity in the service.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People we spoke with told us they had agreed to the care and treatment they received. Relatives told us they were involved in decisions in their family member's best interests, where they were unable to make decisions.

Staff told us that they asked people for their consent, before they carried out care or treatment. Staff respected and recorded a person's decision to refuse care or treatment. This showed that staff acted in accordance with their wishes.

Staff said that where people had difficulty in making decisions those acting on their behalf such as relatives or representatives were involved in making decisions in their best interests. Care records we looked at supported this.

We saw that the provider had a policy relating to making decisions and gaining consent in regards to peoples care and treatment, including where a person was unable to make decisions and consent. This ensured that staff understood the principles of obtaining a person's consent before they carried out care or treatment.

Two out of three people's care records we looked included information relating to their capacity to make decisions about their care and treatment. This supported that people's capacity had been assessed. The general manager assured us that the person's care plan that did not include information about their capacity had recently been completed. She agreed to address this issue.

Two people's care records we looked at where staff assisted people to take their medicines stated that they had agreed to staff giving them their medicines. This showed that staff had obtained consent before they assisted people to take their medicines.

Records showed that all staff had received recent training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), to ensure they understand the principles of the act and the safeguards.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with said they were happy with the care and support they received, and felt that their needs were being met. People also said they found the service to be reliable as they usually received the help they needed at their preferred times. Staff usually arrived and stayed for the allocated time.

Relatives we spoke with said they were happy with the care their family member received, and felt involved in decisions about their care and treatment.

Comments received from people about the care included "I can't fault the service the staff team are brilliant, the service is flexible and staff do more than just care, the service provides personal care and is reliable and the service is very good."

People said they liked the staff that supported them and felt that the staff were considerate and approached them in a caring way.

Staff we spoke with told us the service was flexible and centred around individual needs and preferences. For example, the time of two people's calls had recently changed to accommodate their needs. Also, staff took one person to various social events they enjoyed and drove them to their holiday location.

Staff told us they had received appropriate training to meet the needs of people they supported. For example, staff who supported a person with high level needs had received essential training to enable them to care for the person properly.

Three people's care records we looked at included personal information about their needs and preferences and what was important to them. The records showed that people's care and treatment was delivered in a way that ensured their safety and welfare. Staff responded appropriately to changes in people's needs, and worked closely with relevant professionals to ensure that their needs were met.

Senior staff told us that they carried out an annual review for all people who used the service, to ensure they were meeting their needs. Records we looked at supported this.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken steps to identify and prevent abuse from happening.

Reasons for our judgement

Relatives and people we spoke with told us they felt able to report any concerns they may have to staff or the managers.

Staff we spoke with had an understanding of safeguarding issues and who they should report concerns to, if abuse was alleged or suspected. Staff said they felt able to report any concerns to senior staff, as they were approachable and responded to concerns raised.

Two new staff told us that received training on safeguarding adults as part of their induction.

Senior staff we spoke with were aware of their responsibilities in regards to the local safeguarding procedures. Discussions with staff and records showed that staff received refresher training every year to update their knowledge. This ensured that all staff understood their responsibilities in regards to safe guarding procedures.

We saw that appropriate policies and procedures were in place to safeguard people's welfare. This ensured that staff took appropriate action to protect people's interests.

We saw that appropriate records were kept of recent alleged or suspected safeguarding issues. This showed that the service had taken appropriate action to keep people safe and to protect their welfare, by immediately informing the relevant authorities, and following their own procedures when abuse was suspected.

Checks carried out during the visit showed that people who used the service were protected against the risk of unlawful or inappropriate use of control or restraint because the provider had made suitable arrangements. People told us that no forms of control or restraint were used.

The general manager told that in exceptional circumstances staff were required to support certain individuals to manage their money, or purchase items on their behalf. Such arrangements were agreed by all relevant persons and clearly recorded in the person's

care plan. We saw evidence of this in two people's care records we looked at. This meant that systems were in place to safeguard people's finances.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Effective systems were in place to monitor the quality of the service and to manage risks, relating to the welfare and safety of people using the service and others.

Reasons for our judgement

People we spoke with told us they were happy with the service. People said they felt listened to and able to raise any concerns about the service with staff. Relatives shared this view. People also told us they were asked for their views about their care and the service and they were acted on.

Relatives and people said they felt that the service was well run.

Discussions with staff and records showed that staff had opportunities to share information and express their views through meetings and a satisfaction survey.

Staff we spoke with said they felt that the service was well run. They also said they felt able to express their views and raise any concerns about the care and service with senior staff, as they were approachable and responded to ideas and concerns raised.

We looked at records of recent complaints and concerns received, which showed that concerns were listened to, and acted on.

Our visit showed that effective systems were in place to monitor the quality of the service, and to manage risks to ensure the service was run safely. For example, records showed that senior staff checked all completed medication administration records and daily log sheets, to ensure they had completed these properly. Where shortfalls were highlighted, action was taken to address the issues.

The provider sent out annual satisfaction surveys to people who used the service and their representatives. The findings of the last survey for 2012 showed high levels of satisfaction.

Discussions with staff and records showed that senior staff carried out unannounced visits to people's homes, to check that care staff were doing their job properly. The provider may wish to note that un-announced visits were usually carried out at random or in response to a concern. This meant that not all care staff had received a recent unannounced visit to

supervise their practice and work.

We saw that the provider had reviewed various key policies in the last 12 months to ensure they were up-to-date. This ensured that staff followed proper procedures.

The findings from this visit showed that the service was well managed, and that clear lines of responsibility were in place. The effect on people using the service was that people were receiving consistent standards of care and service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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