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Care Link Residential Care Home

Inspection report

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Tel: 02084782486

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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

We carried out an announced inspection of Care Link Residential Care Home on 23 January 2018. Care Link Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Care Link Residential Care Home is a care home for up to three adults with learning disabilities. At the time of our inspection, two people lived there and received support with personal care.

At the last inspection on 9 November 2015 the home was rated 'Good'. At this inspection, we found the home remained 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run. The registered manager was not available at the time of the inspection. The deputy manager supported us with the inspection.

Risk assessments had been completed to ensure risks to people's safety were mitigated. Medicines for people were managed safely. There was enough staff on duty to care for and support people safely. Staff were aware of safeguarding procedures and knew how to keep people safe from abuse. Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people. Systems were in place to reduce the risk and spread of infection.

Staff had been trained in accordance with people's needs. Regular supervisions had been carried out with staff and staff told us they were supported. Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005. Deprivation of Liberty Safeguarding (DoLS) applications had been made to deprive people of their liberties lawfully. People had choices of food and drink during meal times. People told us they enjoyed the food. People had access to healthcare services. People's needs and choices were assessed regularly through review meetings to achieve effective outcomes.

People told us that staff were friendly and caring. People's privacy and dignity were respected. Staff were aware of how to communicate with people and care plans included ways of communicating with people. People had access to information that was accessible through formats such as pictorial and easy read.

There was a programme of activities. These activities took place regularly. Care plans were personalised and included information on how to support people in a person centred way. People knew how to make complaints and staff were aware of how to manage complaints.

Staff told us that the home was well-led and people were positive about the management of the home.

Quality assurance and monitoring systems were in place to make continuous improvements.

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 home remains Good.	**Good**
Is the service effective? The home remains Good.	**Good**
Is the service caring? The home remains Good.	**Good**
Is the service responsive? The home remains Good.	**Good**
Is the service well-led? The home remains Good.	**Good**

Care Link Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 23 January 2018 and was announced. We announced the inspection as people attended a day centre throughout the week and therefore no one would be available at the home. We wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider, such as the Provider Information Return (PIR) we received from the home. A PIR is a form that asks the provider to give some key information about the home, what it does well and any improvements they plan to make. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke with the deputy manager. People and staff were not at the home at the time of the inspection, as people were in day centres.

We looked at documents and records that related to people's care and the management of the home. This included two people's care plans, which included risk assessments. We reviewed three staff files, which included pre-employment checks. We looked at other documents held at the home such as medicine, training, supervision and quality assurance records.

After the inspection, we spoke to one person and two staff by telephone.

Good

Is the service safe?

Our findings

People told us that they were safe. One person told us, "Yes, I like it here" when we asked if they were safe. Records showed a person commented, "I like the people that look after me." Staff had been trained in safeguarding people and a safeguarding policy was available. Staff were able to explain the different types of abuse and who to report abuse to, such as the management team and external organisations, such as the Care Quality Commission (CQC) and social services.

Risks had been identified and control measures were in place to ensure people were safe. There were risk assessments for epilepsy, vulnerability, going outside and behaviour that may challenge. Staff were able to tell us about risks and how to keep people safe and this corresponded with the control measures to minimise risks included on people's risks assessments.

The home was committed to learning from incidents or mistakes to ensure that there was continuous improvement and people living at the home remained safe. The deputy manager told us that there had been no incidents since the last inspection but told us that the home was always committed to learning from incidents should they occur. Therefore, if an incident was to occur then this would be analysed to ensure the risk of re-occurrence was reduced.

Checks had been carried out by qualified professionals on gas, electrics and portable appliances, to ensure the premises were safe. Fire tests and fire drills also took place regularly and fire safety equipment had been installed to ensure people were safe in the event of a fire. Staff we spoke to were aware of what to do in the event of an fire. Systems were in place to reduce the risk and spread of infection. We observed that the home was clean and a daily cleaning schedule was in place.

There were sufficient staffing levels to support people. A person told us, "There is someone here to help me." Staff told us that there was enough staff and they were able to support people safely and spend time with them. The staff rota confirmed staffing levels were maintained.

There was safe recruitment practices in place. We checked three staff records and found that pre-employment checks such as DBS (Disclosure and Barring Service) criminal record checks, references and obtaining proof of the person's identity had been carried out when recruiting staff. This ensured they were suitable to care for people safely.

Medicines were being managed safely. Staff had been trained in medicines and told us they were confident with managing medicines. Medicines were stored securely. Records showed that people had received their medicines as prescribed. PRN (medicines when needed such as paracetamol) were administered when required.

Good

Is the service effective?

Our findings

Staff had the knowledge, training and skills to care for people effectively. A person told us, "The staff here look after me well." Records showed that a person commented, "The care and support I get is very good." A staff member told us, "We did training and assessment last year. It was very helpful." Staff had completed training in accordance with the needs of the people living at the home. Supervisions of staff had been carried out regularly. This included discussions on staff performance and learning and development. Staff told us that they were supported. A staff member told us, "We are supported by the managers."

People told us that they enjoyed the food at the home. One person told us, "The food is nice here." A menu was in place that provided people with choices and detailed what meals would be served throughout the day. Staff told us people were offered alternatives, if they did not want the meals on the menu. We observed that the kitchen was clean and tidy.

The staff team worked together to deliver effective care and support. There was a daily log sheet and staff handover book, which recorded information about people's daily activities, the support provided by staff and any health visits. This was used to communicate information between shifts on the overall care people received. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

People had access to healthcare services. Records showed that people had access to health professionals such as GPs and regular checks had been made on people's health. Staff knew how to identify signs that people were not feeling well and who to report this to. A staff member told us, "You can tell by their face or they may be very tired. I will check them and may have to call the GP or if it is bad then the ambulance." There was also information on people's health action plan on what to do if a person was not feeling well.

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the home was able to support people. Assessments of people's needs and the subsequent development of personalised care plans, gave guidance to staff about people's specific care needs and how best to support them. This ensured people received care and support in accordance with their identified needs and wishes. The home assessed people's needs and choices through regular key worker meetings with people. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being assessed to achieve effective outcomes.

People had their own rooms and access to the communal lounge, where they could participate in activities with other people or spend time with staff and people. We observed that people's rooms were decorated with their personal belongings. We found that window restrictors had not been installed to ensure people were safe when inside the home. The deputy manager told us that they were in the process of installing restrictors, which limits how far wide a window is opened.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

We saw that the front door was kept locked and were informed that people did not go out by themselves without being supervised by staff. DoLS application had been made to ensure people were deprived of their liberty lawfully. Staff had received training on the MCA and were aware of the principles of the act. Assessments had been carried out on people's ability to make decisions in certain areas. Staff told us that they always requested consent before doing anything.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "I like the staff." Staff told us they built positive relationship with people by talking about their interests and spending time with them. A staff member told us, "We spend time with them, talk to them and do activities."

People's privacy and dignity was respected. Staff told us that when providing particular support or treatment, it was done in private. Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Staff told us they supported people to be independent and make choices in their day-to-day lives. Records showed that the home reviewed people's dependency levels in certain areas and the level of support that they would require in these areas, such as prompts and encouragements to complete certain tasks with the support of staff. Records showed that people were supported to clean their home and bedrooms by staff. There was a rota in place for people to help staff during meal times. A person told us, "I like helping the staff. I like to make my own tea. They help me do my bed as well."

Records showed that, where possible, people were involved in making decisions about the care and support people received. Staff told us and records confirmed that people were able to make choices and were involved in decisions about their day, such as the clothes they wore and activities they planned to do.

People were protected from discrimination within the home. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse and all people should be treated equally. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend church services that reflected their religious backgrounds.

People's ability to communicate was recorded on their care plans and there was information on how to communicate with people. Care plans provided examples of how people communicated, such as on one care plan information, included that staff should speak to a person close to their ear and to ensure they had their glasses on, so that the person could see who they were speaking to.

Good

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Care plans were person centred and provided guidance to staff about how people's care and support needs should be met. A staff member told us, "The plans are very helpful. It helps us to do our job." One person's care plan detailed that a person enjoyed a bath but did not like to sit for too long. Another person's care plan provided information that, although a person could brush their own teeth and face, they needed support with bathing and staff should let the person know in advance, before assisting them with a bath. There was an 'About Me' plan that included people's routines, the important people in their lives, things that people were good at and their likes and dislikes. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Records showed that no formal complaints had been received by the home since the last inspection. Staff were aware of how to manage complaints. People told us that they had no concerns about the home but were aware on how to make complaints.

Staff told us, and records confirmed that people participated in regular activities. A person told us, "I go to the church on Sunday. I go to walk and to the shops." A staff member told us, "They do a lot of activities." People went to the day centre during the week where they participated in activities and met people from the community. Records showed that people had been on a holiday since the last inspection. People also had access to the local community such as going to the local church and shops.

People had access to information that was accessible. Records showed that information was accessible through an easy read format and through pictures on areas such as medicines, correspondence arriving through the post, providing consent and how to make complaints. This meant that people had information made available to them that they could access and understand.

Good

Is the service well-led?

Our findings

The home had an open culture that encouraged good practice. Staff confirmed that they felt the home was well-led, that the management team was approachable and led the staff team appropriately. One staff member told us, "They are good managers. Whenever we need them, they help us." People told us the home was well managed. Records showed a person commented, "I like the house, I enjoy everything here. I would not like to live anywhere else."

Quality monitoring systems were in place. The home had requested feedback from people and relatives. The results of the feedback were positive. Results had been analysed and were displayed near the entrance of the home.

There were systems in place for quality assurance. The registered manager and the deputy manager carried out daily, monthly, quarterly and yearly checks on staff supervision, premises safety checks, staff training and care plans. Audits were also carried out on medicine management to ensure medicines were being managed safely. Spot checks had been carried out on staff to ensure that they were carrying out their duties competently and the results of the checks were recorded and then communicated to staff.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care.

The management team also worked in partnership with other providers and attended the provider forums arranged by the local authority. The deputy manager told us that at these forums, providers were able to share best practices to ensure people received high quality care. The deputy manager told us where possible that this information was used to make improvements to the home. This meant that there was a culture of continuous improvement.