Focus Care Link Limited

Focus Care Link - Tower Hamlets

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 25 January 2016. The provider was given 48 hours' notice because the location provides a domicilary care service and we needed to be sure that someone would be in. This was the first inspection of this service since it was registered in January 2015.

At the time of our inspection 96 people were using the service and 63 care workers were employed to provide care. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected by procedures in place to safeguard them. Staff had knowledge and training about how to identify abuse and keep people safe.

Risks to people in relation to their care and welfare were assessed, however their risk assessments were incomplete and did not all state what actions would be taken to minimise and manage identified risks.

People's needs were assessed and care planned prior to them using the service. Whilst people's basic care needs were identified, support plans were not personalised to include people's preferences about how they wished to receive care, including their likes and dislikes.

People using the service were at increased risk of receiving inadequate care as care plans did not always cover all aspects of people's needs and wishes and how to meet them.

Staff were sufficient in numbers and skill mix to safely meet people's needs. Staffing levels were assessed and staff allocated to ensure people's safety based on their individual needs. All staff were vetted prior to commencing work. Criminal record checks were completed for all staff and essential recruitment documents and records were in place.

Staff received an induction when they began work and training to ensure they had the knowledge and skills they needed to meet people's needs. Staff were supported through regular meetings with their manager.

People were supported to maintain their nutrition and had access to ongoing healthcare support. The provider kept records of regular contact with health and social care professionals.

Staff had received some training in the Mental Capacity Act 2005 and were aware of the need for people to consent to their care and support. However the provider's practice was not always in keeping with the requirements of the Mental Capacity Act 2005 to ensure that people's rights were protected.

People using the service and their relatives had positive experiences of the care they received and said staff

were caring and friendly. However some people mentioned that regular staff were more skilled and more knowledgeable about their needs and how to meet them compared with replacement staff and we had more favourable comments about regular staff than replacement staff in relation to their caring approach.

The provider followed procedures to ensure people received their medicines safely.

The provider took prompt action in response to complaints or issues of concern. Where concerns were raised from people using the service or their representatives, these were addressed. Where concerns were substantiated, these were addressed and action taken to ensure improvements were made. Staff monitored people following any concerns to ensure that things had improved and that the matter had been resolved. The provider had failed in the legal responsibility to inform CQC of significant incidents or events affecting the safety and welfare of people.

Staff spoke well of the management and said they were available whenever they needed them and that they received good training and support. The provider had systems in place to monitor the quality of service. However these systems were not always effective in identifying and addressing shortfalls found during the inspection to ensure the ongoing improvement and development of the service.

We found breaches of regulations relating to consent to care, safe care and treatment, person centred care and the legal duty to notify CQC of significant incidents. You can see what action we told the provider to take at the back of the full version of the report.
of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Whilst risks to people using the service were assessed, care was not always provided in a safe way as the provider had not assessed all risks to their health or done all that was reasonably practicable to mitigate any such risks.

Procedures to safeguard adults from abuse were in place and followed to protect people

Staff were sufficient in numbers and skill mix and were vetted to ensure they were suitable before starting work.

The provider followed procedures to ensure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not taken appropriate steps to ensure that care to service users was only provided with the consent of the relevant persons in accordance with the 2005 Act.

Staff had training and support to ensure they had the knowledge and skills they needed to meet people's needs.

People were supported to maintain their nutrition, health and had access to ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People using the service and their relatives said staff were caring and friendly. The majority of people and their relatives spoke in positive terms about their service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The risk to service users of receiving inadequate care was increased as care plans did not always cover all aspects of people's needs and wishes and how to meet them.

The provider took prompt action in response to and to address complaints or issues of concern. Staff were continually responsive to meeting people's needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had failed to carry out their legal responsibility to inform CQC of all significant incidents or events affecting the safety and welfare of people.

The provider had systems in place to monitor the quality of service. However they were not always effective in identifying and addressing shortfalls found during the inspection to ensure the ongoing improvement and development of the service.

Staff spoke well of the management and said they were supportive and available whenever they needed.

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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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 25 January 2016 and was carried out by one inspector. As part of the inspection, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

We spoke with four people using the service, seven relatives and a friend of a person using the service.

We also spoke with 12 staff, including the registered manager and responsible individual, care coordinators and care staff. We also spoke with a local authority professional who was in contact with the service. We looked at 11 files of people who used the service, 15 staff files, and other records and documents relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives expressed no concerns about their safety whilst using the service and said they felt safe. A relative said, "She is happy that she is safe in their care. Yes I am confident my mother is very safe with them, I have no problems there." However, we found that the provider was not always managing risks to people's safety effectively.

Risks to people in relation to their care and welfare were assessed, however their risk assessments were incomplete and did not state what actions would be taken to minimise and manage risks. Moving and handling risk assessments should have included the type of support people required, for example, the use of equipment, such as a walking frame or hoist or the numbers of staff to support them. Out of the 11 files we looked at, seven risk assessments were not accurate and incomplete. For example, one person was identified as being at high risk from poor mobility and transfers but the assessment did not include information for staff about how to adequately control or minimise the risk. This person's care plan stated only that they needed assistance with this, without identifying how. The other six risk assessments and care plans were similarly incomplete, and did not adequately identify how to mitigate known risks. This meant the provider had not ensured that care was provided safely for people as they had not assessed all risks to the health and safety of people using the service or done all that was reasonably practicable to mitigate any such risks.

The above issues related to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were sufficient in numbers and skill mix to safely meet people's needs. Staffing levels were assessed and staff allocated to ensure people's safety based on their individual needs. All staff were vetted prior to commencing work which helped to ensure they were suitable to work with people using the service. Criminal record checks were completed for all staff and essential recruitment documents, such as references, right to work and identity checks were in place. We saw evidence in minutes of team meetings that the provider had not taken on new care packages if they did not have enough staff and they were seeking to recruit more qualified staff to expand the service.

There had been one allegation of abuse concerning the neglect of an individual, which was substantiated. The provider had taken appropriate action to ensure the person's support needs were met and followed their policy on staffing by addressing the performance issue with the relevant staff. The provider had notified the local authority safeguarding team and worked together with them to ensure the person was kept safe. However, the Care Quality Commission (CQC) was not notified of this incident as required. The registered manager explained they were not aware of the need to notify CQC of allegations of abuse in all cases but said they would notify us in future.

Staff were able to demonstrate that they knew how to keep people safe in their homes. They told us and records confirmed that their training included first aid, food safety, infection control, health and safety practices and what to do in an emergency. We noted one example where a staff had acted swiftly in

response to a person who needed care but did not answer the door. Staff notified the registered manager who worked closely with other professionals to ensure the person was safe in their house.

The provider had a policy that staff only prompted with medicines. The registered manager told us that most of the people lived with their family members who were also involved in their care, including the administration of medicines. However assistance with medicines, where required, was clearly recorded in individual care plans. One relative told us that staff understood their parent's needs and staff gave them medicines to take from their blister pack. Daily records showed where people were prompted to take their medicines and staff clearly recorded their assistance with medicines on record sheets.

Requires Improvement

Is the service effective?

Our findings

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.

Focus Care Link provided staff training on the MCA. Staff were aware of the importance of people consenting to the care they received. The registered manager told us that in their view all the people using the service were deemed to have capacity to make their own decisions. They said if they did not, they would refer this to social services. However they were not able to evidence this and the provider's practice was not in keeping with ensuring people's rights were protected under the MCA.

The organisation had a policy on the MCA which set out their approach to people using the service, who might lack the mental capacity to make decisions about their care and treatment, including people whose freedom of movement was restricted and who might be deprived of their liberty. However the policy did not inform staff about what actions to take where people lacked capacity to make specific decisions and where the provider did not need to consult or involve the local (supervisory) authority regarding routine decisions about the care of individuals.

Out of 11 people's files we looked at, we identified nine files where the ability of people to give consent and make specific decisions about their care or treatment may potentially have needed testing as a result of cognitive impairment, learning disabilities or significant mental health needs. A number of files contained forms signed by relatives rather than people who used the service with no explanation for this and no information about the capacity of the person. There was no evidence that relatives had legal authority to act for and consent to the care and treatment of the people who used the service. A record in one person's file stated that the family managed all the person's financial transactions. There was no evidence that this arrangement had been made with the person's wishes or that any family members had legal authority to manage and safeguard the financial interests of the person. In the other two files we looked at there was no evidence that people had consented to the care and treatment planned and received by them.

The above evidence demonstrates that the provider had not met the legal requirements of the MCA and failed to ensure people's rights were protected. They had not taken appropriate steps to ensure that care to service users was only provided with the consent of the relevant persons in accordance with the 2005 Act.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives held similar views about the skills and experience of staff, such as the comment from one person, "The regular carers who are more experienced are dedicated, they are very good." However, they also described some experiences with new staff who appeared to be less

knowledgeable and skilled.

One relative told us that they always had two staff as needed if equipment was used. They said the two regular staff were very good, but the second staff could be anyone, who may not be trained to use the hoist, which made their parent feel less safe. We spoke with the registered manager about staff knowledge, skills and training, who said that less experienced staff shadowed other experienced staff as part of their induction or ongoing learning. We saw evidence of this in training records.

All staff we spoke with said that they had an induction and were supervised for 10 hours before being allowed to work alone. One said, "The training was really good. It helped me to understand what was required of me more. Yesterday, one of the senior carers just turned up to one of my service users' houses for supervision." A care coordinator we spoke with said, "We check up on carers all the time. We do supervision sessions regularly." Supervision records were available, clearly detailing discussions about their skills, performance and training needs. These meetings took place at least three to four times a year, in addition to observed supervisions during home visits.

Staff files provided evidence that all the staff had received an induction when they began work and mandatory training to ensure they had the knowledge and skills they needed to meet people's needs. This included safeguarding adults, first aid, health and safety, fire safety, food hygiene, moving and handling and infection control. New staff shadowed more experienced staff during their induction and probation period. We noted that a number of staff who did not perform to the expected standards were required to work in pairs with other colleagues until they gained the knowledge, skills and experience they needed to be able to work independently again.

Records showed that staff completed a range of other relevant training, such as managing behaviours that challenged the service, effective communication, pressure area care and principles of person-centred care.

People told us they were supported to meet their nutritional needs, including help with preparing meals and assistance with eating. A relative said, "The regular carer understands her needs and help her with her meals." A person using the service said, "The carers will prepare any meal I ask for from what my daughter puts in the fridge." Another told us staff helped them with his meals each day and a family member helped with shopping.

People's healthcare needs were taken into account as part of their assessments and care planning. People were supported to maintain good health and have access to ongoing healthcare support. Staff were observant to any changes in people's healthcare needs and records showed staff contacted relatives or healthcare professionals if they were concerned.

Good

Is the service caring?

Our findings

We received positive feedback from the majority of people using the service including, "The carers do their best, they are very friendly" and "They do a good job." One person said, "They have a lot of respect for me and they work with me, not for me. This helps to maintain my independence, which is very important to me." People and their relatives told us staff were, caring and respectful.

Care staff were allocated according to their ability to meet people's needs and where the person lived. The provider took into account any expressed cultural and religious preferences when arranging the service for people, such as allocating care workers of the same gender where requested, or care workers who could speak the same language as them. The provider gave staff shoe covers for people who preferred them to have these rather than walking in their homes with their outdoor shoes on. This demonstrated that the provider was sensitive to people's individual needs based on spiritual and cultural preferences.

We spoke with staff and asked them about people's needs and about their approach to working with them. Comments we received included, "When you have regular [people] you get to know them and understand their needs" and "I'm friendly and try to get to know the [people]. I have a [person] with dementia. When she doesn't remember something, I'll help her by reminding her. I talk slowly and nicely to her." One staff said, when doing personal care they asked people how they'd like it done and never fully undressed them. Another said they always knocked on the door before entering their premises or rooms to carry out personal care.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed and their care developed based on the outcome of their assessments. Their files contained either a local authority referral or needs assessments and included the provider's own assessments. However, the majority of assessments and care plans were completed in a task-based way and were not written in a person centred way. For example, 10 out of 11 of the care plans we looked at identified care needs as washing, dressing, preparing breakfast, but did not include people's preferences as to how they wanted these tasks to be done. They lacked detail about how staff should support people to meet their individual needs and did not include information about their likes and dislikes. This increased the risk of people receiving care that did not meet their individual needs or preferences.

These issues related to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that the provider reviewed people's care needs regularly, involving relatives and other professionals. This was to identify any changes in people's needs so that their care plans could be updated. The frequency of reviews depended on their needs and the level of risk. Reviews occurred ever three months for people where risks were assessed as high; every five to six months for those where the risks were assessed as medium and where the level of risk was low reviews took place every eight to 12 months. A review was also completed if a person was admitted to hospital to ensure the provider could still meet their needs when they were discharged.

We had mixed feedback from people regarding time-keeping, where people and their relatives told us they had occasionally experienced late or missed calls. However people told us that problems they had found, in particular, when the care package first started, were sorted out quickly when brought to the attention of the office. Others said the service was improving. Records in individual files showed that management contacted people to advise them that staff were running late or found replacement staff when necessary to cover absences.

People told us the service was flexible to meet their changing needs and made comments such as, "If I need to change a visit time, they do their best to help" and "When I have needed to change the times for my visits they are very flexible, they try to fit me in."

People knew how to make a complaint and were given information about the complaints policy. A relative told us he had complained on several occasions. They said "It works well then it starts again, normally things like sending the wrong carer or the carer isn't trained." The staff spoken to said people were asked to contact the office if they weren't happy with something. They said the office phoned them back promptly to deal with any issues. Records showed there were four complaints and two concerns reported by people using the service or their relatives. These were promptly responded to, investigated and action taken to address them. They were also followed up and monitored with calls or visits to ensure people were satisfied with their care.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of service. This included regular home visits, telephone calls and surveys to obtain people's views of the service. However the monitoring systems were not always effective in identifying and addressing shortfalls, including breaches of regulations found during the inspection, to ensure legal responsibilities were met and the ongoing improvement and development of the service.

There had been one incident involving an allegation of abuse of a person who used the service. The provider had failed in their legal duty to inform CQC of this allegation that may have affected the safety and welfare of people using the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The agency's latest quarterly satisfaction survey report for people using the service was dated October 2015 and December 2015 for staff. There was a 50 per cent response rate from people using the service and 69 per cent from staff. A high percentage of people were satisfied in all areas. The report provided data concluding that people felt valued and encouraged to live life safely and independently. Where concerns were raised, the provider had acknowledged and addressed these as areas for improvement, including the need to recruit more staff, for staff to stay for the full duration of visits and to provide more staff training.

The majority of staff who completed the satisfaction survey provided positive comments about their work and the management of the service, for example, 95 per cent said they enjoyed working with their colleagues and the management team. Staff felt that management provided encouragement and support as they needed. They felt the organisation valued their own morale; recognised their hard work and rated the management team highly. They fed back that there was professionalism among office staff.

A new quality monitoring system had been implemented where staff were required to use the landline phone of people using the service during their visits to log their calls in and out. This meant that the provider could monitor the calls taking place more easily and identify and address any concerns to ensure that people's needs were met.

We spoke with a local authority monitoring officer who said, "I have a good relationship with the registered manager. I've not experienced any problems and there haven't been any complaints. The last time I visited the agency, record keeping was fine."

Staff spoke positively about the management team. All the staff we spoke with said they received good support, supervision, regular training and were kept up to date with information they needed.

Staff took part in quarterly staff meetings to share and gain information they needed about the service. At the last meeting on 2 October 2014 a large percentage of care workers had attended. The registered manager praised and expressed appreciation of the work the staff were doing. They encouraged staff to report any concerns or suggestions via their preferred means. Staff shared their experiences of working with

people with whom they said they had built up good relationships. Staff were reminded of key tasks they were required to do during visits, such as medicine checks and accurately completing daily records. The registered manager also updated staff with the company's expectations, that all staff were required to undertake the new care certificate, which was aimed at providing staff with the knowledge and skills they needed to perform their work effectively.

The registered manager met monthly with the director, who was the responsible individual for the service. Minutes of meetings showed that the registered manager talked through the priorities for the month ahead and made plans to ensure tasks were completed, such as auditing the files of people using the service and conducting care worker appraisals and supervisions. We saw that the registered manager had a proactive management approach in response to issues that were brought to their attention. For example, care coordinators of the agency had been acquiring knowledge and skills in specialist areas as a result of some cancelled internal training, so that they could provide training to staff themselves. This was to improve on training that was previously delivered by DVDs or online. We saw that they were keen to disseminate information to staff to help them improve the way they delivered care, in areas such as dignity in care. The service was carefully managed so that they only provided a service according to the resources they had available to ensure they were able to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The risk to service users of receiving inadequate care was increased as care plans did not always cover all aspects of people's needs and wishes and how to meet them. Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not taken appropriate steps to ensure that care to service users was only provided with the consent of the relevant persons in accordance with the 2005 Act. Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not provided in a safe way for service users as the provider had not assessed all risks to their health or done all that was reasonably practicable to mitigate any such risks.

	Regulation 12 (1) (2) (a) (b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	**Regulation**
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed in their legal responsibility to inform CQC of significant incidents or events affecting the safety and welfare of people. Regulation 18 (Notification of other incidents) CQC (Registration) Regulations 2009.