Focus Learning

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Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Focus Learning is a domiciliary care service providing personal care to one person at the time of the inspection.

People's experience of using this service and what we found
The manager told us they were only providing personal care to one person at the time of the inspection. After the inspection we were contacted about a second person who was receiving care at the time of the inspection by a member of the public. We were concerned that this information had not been forthcoming at the inspection, as it meant we did not receive an accurate overview of the service.

People at risk of falls did not have appropriate risk assessments to help reduce the likelihood of falls.

People requiring two carers were at risk of harm as they did not receive two carers to provide support.

The manager had a criminal records check but it did not include a vulnerable adults check. We have made a recommendation regarding criminal record checks.

The manager did not have systems in place to show how they learned from accidents or incidents and how to prevent them in the future.

One person and their relative told us they felt safe with the service.

The manager understood their safeguarding responsibilities. The risk of infection was reduced as there was sufficient personal protective equipment which was being used appropriately.

The manager had not completed any recent raining relevant to their role to show they had the knowledge to provide safe and effective support to people.

The manager had not attended mental capacity act training and required prompting when we checked their understanding. They understood the importance of offering people choices, however they were not clear about people consenting to care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Feedback was mixed about how caring the service was. One person and their relative thought the manager was caring. Another relative did not have a good experience with the management of the service.

The manager told us they did not discriminate against people and people's privacy and dignity was respected.

People's care plans were more personalised but lacked specific details about preferences and goals people wanted to achieve.

The manager told us they had not received any complaints. After the inspection we received information about complaints from a member of the public who had used the service. We were not informed about these complaints, whether they had been recorded and what the response was.

The manager did not have any quality assurance systems in place to monitor the service. The manager was not aware of their duty of candour responsibilities and the need to notify the Care Quality Commission of certain events as required by law.

The manager did not regularly seek feedback from people using the service, their relatives or health professionals.

The manager attended provider forums to gain further knowledge but did not have evidence of how they worked in partnership with professionals.

We have made recommendations about recording communication with health professionals and on-going learning and reflective practice .

Records were not always available at the service and when they were, they were not always fully completed.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 8 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, need for consent, assessing people's needs, complaints, good governance and notification of death of a service user. Please see the action we have told the provider to take at the end of this report.

Follow up
We will speak with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided with the Care Quality Commission.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the manager and assistant director.

We reviewed one care record. We looked at the manager's personnel information which included their criminal records check and any completed training. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke to two relatives and one person who used the service.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The risk assessment viewed during this inspection had not improved and the content remained the same as at the last inspection. It did not contain sufficient information to indicate how the service would reduce the risk of people falling.
- We asked the manager how they kept people safe who were at risk of falling and they explained the control measures they followed. These included to walk in front of the person and let them take one step at a time. However, this information was not documented in the risk assessment and therefore would put the person at risk if another member of staff was to provide care other than the manager.
- There was a lack of information on how to safely support people with moving and handling in their home.
- The manager had not completed any recent training in moving and handling and they told us they did not physically assist anyone. However, a relative told us the manager would sometimes physically support their family member when assisting with personal care.
- We received information after the inspection stating the manager had supported an additional person with high needs during our inspection. We were not informed of this person nor were we provided with any risk assessments or care plans to show how they supported this person safely.
- We were informed by a relative care was to be provided on a double up (two care staff) basis, however, only one member of staff had been attending some of the calls. We asked the manager to provide details of this care package and received no response.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A relative told us they thought their family member was safe with the manager. They said, "Oh yes [person] is safe."

Staffing and recruitment

At our last inspection the provider had failed to robustly check the recruitment information of staff before they commenced work. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the service had not recruited any new staff so we were unable to assess compliance with this breach.

● We viewed the manager's most recent criminal records check which was issued in August 2018, this was for a previous role and had not included a check to work with adults. The manager told us they intended to renew this at the end of February 2020 and they would send us a copy of the application.
● After the inspection we received an application number, however, this did not state the date it was requested or who the criminal record check was for.

We recommend the provider consider current guidance in relation to updating their criminal record check.

● The service had a recruitment policy and procedure in place to support safe recruitment of staff.
● Records showed there was a recruitment checklist which provided a list of all the relevant documents that should be present before a new member of staff started work. For example, application form, references, and criminal record check from the Disclosure and Barring Service (DBS).
● We received a copy of (the first page) of the manager's most recent criminal record check as part of the factual accuracy process.

Learning lessons when things go wrong
● We did not see any systems in place to show how the service would learn after incidents or when things went wrong.
●The manager told us there had been no accidents or incidents however, after the inspection we received information of an incident where two carers were needed to provide care but only one member of staff attended. This had not been recorded in the accident/incident book and there was no information about how the manager would prevent a re-occurrence in the future.
● During the inspection we asked to see the accident/incident book, but the manager informed us it was not on site but at their home address. After the inspection we were sent a copy of an empty accident and incident book.

We found no evidence that people had been harmed however, the systems in place were not effective to show how the service would learn after accident/incidents. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● Safeguarding procedures were in place and the manager knew how to identify and report concerns if they suspected someone was at risk of harm.
● The manager was able to explain the safeguarding procedure they would follow and that they should report allegations of abuse to the local authority and to the CQC.

Using medicines safely
● At the time of the inspection no one required medicines support.
● The manager provided us with a copy of their medicine policy to support the safe administration of

medicines should it be required.

Preventing and controlling infection

● The risk of infection was minimised by the service as the manager followed infection control procedures.

● The manager showed us they had a good supply of personal protective equipment to prevent the spread of infection.

● People and their relatives were happy with how the service reduced the risk of infection while in their home.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience
- The manager told us they were the only person providing care at the time of the inspection however, this transpired not to be the case. The manager had not completed training recently to show they had the knowledge to effectively and safely support people. We were unable to determine if other staff had current training as the manager told us they did not have any current staff working with them.
- The last training the manager showed us was the care certificate dated June 2018, however, their booklet was not fully completed. The Care Certificate is a nationally recognised set of standards for staff in health and social care sector.
- The manager told us they wanted to be up to date with training and they would go to the local council to register for training courses, however we were not sent any information to indicate they had booked to attend courses after the inspection.

While no one had come to harm, there was a risk people were not receiving effective care and support as the manager had not completed any recent training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A person using the service and their relative told us they thought the manager was good at their job.
- The manager told us any new staff would complete an induction, the care certificate and receive supervision and an appraisal when required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the initial assessment of care needs did not provide enough detail to ensure the service could provide effective care to meet people's needs. This was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- At the time of the inspection the manager advised they had not received any new care packages. However, the initial assessment we had previously reviewed had not been updated to rectify the previous breach. It still lacked enough information to provide details of the person's current level of need in a care package.

We found no evidence that people had been harmed however, people's initial assessment had not been

updated to explain their level of need. This was a continued breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
● People's health information was recorded in the initial assessment.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
At our last inspection the provider did not show they understood the principles of the MCA where people may lack capacity. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

● During the current inspection the manager still required prompting when asked about people's mental capacity. The manager had not attended any training to develop their knowledge in this area.
● The care plan now stated the person should be offered choices and where they could not make a choice then a decision should be made in their best interest. The manager said, "[Person] chooses their own clothes."
● Consent to care was signed but, it was not clear who had signed the consent form.
● The manager told us the relative advocated on the person's behalf however, the relative told us the person was able to make their own decisions.

Whilst we noted there was an understanding to offer choices there was still a lack of understanding around assessing a person's capacity and the need for valid consent to care. We found no evidence that people had been harmed however, this was still a continued breach of Regulation 11(Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
● The service did not support anyone with the preparation of meals.
● A relative told us they were responsible for providing meals but the manager would sometimes make hot drinks for their family member.

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

At our last inspection we recommended the service seek advice and guidance from a reputable source on

appropriately documenting details of health professionals involved in people's care. The provider had made some improvements.

● During the last inspection care plans did not contain contact information for people's GP. This had now been updated.
● However, the manager was still not documenting communications with health professionals. They told us they spoke to the district nurse, but pertinent details of these conversations were not being recorded.

We recommend the provider seeks advice and guidance from a reputable source in relation to documenting communications with health professionals.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
At our last inspection we recommended the service seeks advice and guidance from a reputable source about incorporating equality and diversity in care planning. The provider had made some improvements but could not demonstrate any relevant training in this area.

- We received mixed feedback about the caring nature of the service. A person and their relative told us they were happy with the care received from the manager.
- A relative said, "[Person] likes [manager] they are respectful, they take them for walks."
- Another relative who told us they no longer used the service told us most of the staff were kind however, they had bad experiences when contacting the office. The relative said, "Several times I've been shouted at. Management are aggressive and unprofessional."
- The manager had not attended training in equality and diversity, although they told us they did not discriminate against people regardless of their disability, gender, race or sexuality.
- The manager told us they would welcome anyone to use their service and if anyone identified as lesbian, gay, bi-sexual or transgender they were welcomed. The manager said, "I don't care about colour, shape or size. I'm here to provide care, I would respect your gender.
- People's religious needs were recorded in their care plan.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to make decisions about their care by the service.
- The manager told us they asked people what they needed when involving them in decisions about their care and a person and their relative confirmed this.

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was respected.
- The manager told us they would not disclose people's confidential information outside of the service.
- One person who used the service told us the manager treated them with dignity and respect when providing personal care.
- The manager said, "You need to show them dignity and respect in their care, don't go and just change everything around."
- The care plan stated dignity and respect must be given to people at all times and for people to be encouraged to do as much for themselves as they could, to maintain their independence.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The manager told us they had not received any complaints since our last inspection in March 2019.
- After the inspection we received a complaint about the service and were informed of previous complaints that had been made about the service received. We were not informed of these complaints by the manager or how they were investigated and resolved using their policy and procedure.
- We asked the manager about this but received no response.

While no one had come to harm, complaints were not being recorded and investigated in accordance with the providers policy and procedure. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider failed to ensure care plans were personalised to meet people's needs and they lacked detail. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of (this part of) regulation 9. However, further progress is required for these changes to be embedded.

- The care plan viewed had improved slightly as more information was recorded to explain what was needed at each call but not how to provide the care. For example, the care plan said, "ensure I'm well groomed" but there was no other details as to how this was to be achieved.
- Detailed information known by the manager was not recorded for example, people's preferred name and goals they wanted to achieve.
- The manager told us they had completed a review of care, records confirmed this had taken place.

Meeting people's communication needs

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

- People's communication needs were recorded in the care plan.
- No one using the service required support with their communication.

● The manager told us they would support people with their communication needs through the use pictorial cards or by having the person point at objects.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure effective systems were in place to properly monitor the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The manager failed to demonstrate good leadership qualities and oversight of the service.
- The manager still did not have an effective system to monitor the service and they were unable to show us completed audits.
- The manager had not identified they needed to have training to support them provide effective care. Training records were not fully completed.
- The manager had not ensured people's risk assessments protected them from the risk of avoidable harm.
- The manager did not have all records required at the office as some were at their home.
- The manager had not recorded an incident reported to them by a relative after a failed double up visit.
- During the inspection there was no evidence to demonstrate how the manager regularly sought the views of people using the service and staff.
- The manager did not conduct surveys with people, relatives or health professionals.
- The manager provided daily logs of care provided. These were not audited and the name of the person receiving the care was only on the first page. Due to this we could not be assured the other pages related to the same person.
- The manager told us they held team meetings at the office, however they could not produce any minutes to confirm what was discussed since the last inspection.
- After the inspection the manager sent us meeting details dated 9 November 2019 and 8 January 2020. These were not minutes as they only contained headings of what was to be discussed, for example, moving and handling training and how to support someone with dementia.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
● The manager was not aware of their duty of candour responsibilities. They were not transparent when things had gone wrong and had not recorded an incident when carers had failed to attend a call.
● The manager had failed to notify CQC without delay of a death of a person who used the service. They said to us, "I didn't know I had to tell you."

This was a breach of regulation 16 (Notification of death of a service user) Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● We received mixed feedback around the culture of the service and how they achieved good outcomes.
● A person and their relative told us they were respected by the service. However, another relative told us the manager and support staff in the office were not well organised.
● The manager told us they had an open culture with people using the service. They said, "We have an open culture with [people using the service]. I work around their culture and their needs and wants."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager sent us statements from former staff telling us it was good place to work.
● After the inspection we were sent a statement from a relative and person using the service telling us they were happy using the service.

Continuous learning and improving care; Working in partnership with others
● The manager was not able to show us how information from incidents, investigations and complaints was learned from and used to drive quality.
● The manager told us they worked with the district nurse. They said, "I have told the district nurse when I have seen something wrong."
● The manager told us they attended provider forums at the local council. They said, "I like going there as I get to meet different agencies and we talk."

We recommend the provider consider current guidance on learning, reflective practice and service improvement.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The provider failed to notify the Commission without delay of the death of a service user. 16 (1) (a)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of service users must be appropriate and meet their needs. People's initial assessment did not have sufficient detail to show a full assessment of needs and preferences had taken place. 9 (1) (a) (b) (3) (b) (c)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not demonstrated they had obtained proper consent before providing care. Care and treatment of service users must only be provided with the consent of the relevant person. 11 (1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Those at risk of falls did not have effective risk

assessments to reduce the risk of harm.
The provider failed to do all that was reasonably possible to mitigate any risks. 12(1) (2) (b)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not recorded, handled or responded to complaints made about the service in accordance with established systems. 16 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor or improve the service. The provider did not have all records required for the management of the service readily available. The registered manager did not seek the feedback of people, their relatives or professionals. 17 (1) (2) (a) (b) (d) (e)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The manager had not completed any recent and appropriate training to show how they supported people receiving care. 18 (1) (2) (a) (b)