

Care4ocus Ltd

Care4ocus Health

Inspection report

79 College Road
Harrow
Middlesex
HA1 1BD

Tel: 02034527211

Date of inspection visit:
10 October 2022

Date of publication:
21 November 2022

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

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

Summary of findings

Overall summary

About the service

Care4ocus Health is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care and medicines support. At the time of inspection, the service provided care to twenty people who received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

People and relatives were satisfied with the care and services provided by the service. They spoke positively about the caring attitude and empathy shown by care staff. People felt safe in the presence of care workers. They were complimentary about how the service was managed and told us that care staff were caring, kind and respectful. People's privacy, dignity and independence was respected and promoted.

Staff were also positive about the culture and ethos of the service. Staff told us they felt valued working at the service and there was a high level of job satisfaction.

Appropriate medicines management and administration processes were in place.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

Risks associated with people's care were assessed and monitored. Assessments were person centred and care was responsive to people's needs. Care plans provided staff with the information to manage the identified risks.

Recruitment processes ensured that care staff assessed as safe to work with vulnerable people were employed.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

There was an established staff team that was motivated and well trained to carry out their roles effectively. Staff were knowledgeable and competent to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were up to date and reviewed on a regular basis. Care staff supported people in line with their

wishes.

There was a complaints policy and procedure in place. Management were open and transparent throughout the inspection and responded to any requests positively.

Staff told us they were well supported by management. They were confident that management would listen and address any concerns if they raised them.

Management monitored various aspects of the quality of the services through regular comprehensive audits and checks.

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 service was registered with us on 16 April 2020 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care4ocus Health

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Care4ocus Health is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 10 October 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager. We also met and spoke with office staff which included two clinical lead nurses, one business support staff and an administrative assistant.

We viewed a range of records. We looked at care records for six people and a sample of medicines records for four people. We also looked at six staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with two people who received care from the agency and eight relatives. We also spoke with six care staff which included care workers and nurses. We obtained feedback from one care professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care that was safe. When asked whether they felt safe in the presence of care workers, one person told us, "I am 100% sure I am safe as they [care staff] know what they are doing." Another person said, "Their professionalism and the fact that they [care staff] know what they are doing means I feel completely safe." Relatives we spoke with confirmed this. One relative said, "[My family member] is safe with [care staff] as you get to build trust with them, and I have got to know them well." Another relative told us, "[My family member] is safe in their care, they [care staff] are briefed well on his needs, they work confidently to meet those needs."
- There were policies in place to help keep people safe from abuse. These clearly described what constituted safeguarding and what action should be taken should concerns be raised.
- Staff completed safeguarding training. Staff described their role in keeping people safe and the importance of sharing information.
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and including how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risk to people were identified and managed to help keep people safe. Risk assessments were comprehensive and covered various areas such as the environment, transfers and medical conditions. These were person centred and included information about the level of risk and clear details of how to minimise risks as well as the possible signs for staff to look out for.
- Risk was regularly reviewed by management and clinical staff and changes to people's needs was updated promptly, records confirmed this.
- Care staff received training in key areas of potential risk such as moving and handling, using equipment, health and safety and fire safety.

Using medicines safely

- The service assisted 18 people with medicines support. People's medicine support needs were documented in their care plan including the list of medicines prescribed, how and when they should be administered. Care plans also included details of what each medicine prescribed was used for and their side effects.
- The registered manager explained that care staff recorded medicine administration on paper Medicine Administration Records (MARs). There were plans to move towards an electronic medication administration recording system in the future.

- We viewed a sample of MARs and noted that these included details of the medicine prescribed, with details of the strength of medicines and how often the medicines were to be taken. MARs were completed with no unexplained gaps which indicated that medicines prescribed had been administered.
- People's records included detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicines.
- Care staff were trained in the safe administration of medicines and their competency was checked to ensure they had the knowledge and skills to administer medicines appropriately.

Staffing and recruitment

- Policies and procedures were in place to ensure that staff recruited were assessed as safe to work with vulnerable adults.
- The service completed comprehensive checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support.
- People received care from the same care staff and spoke positively about this. This enabled positive and caring relationships to develop. One person told us, "The main person is the same each time and then there are one or two others who come as the second but I usually know them."
- The registered manager monitored staff punctuality and attendance through time sheets and regular review meetings with people and relatives. Feedback obtained indicated that there were no issues with punctuality and attendance. One person said, "Their [care staff] time keeping is good, I know I am on their round and they are always here within a half hour window." Another person told us, "They [care staff] are spot on time every day."

Preventing and controlling infection

- Systems were in place to ensure people and staff remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. Staff told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.
- People confirmed staff were following correct infection control procedures. One person told us, "The carers are still wearing masks and aprons and gloves, helps me feel safe from the virus." Another person said, "They are still wearing masks, gloves and aprons and it must be working as I haven't had COVID-19."

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- Accidents and incidents were investigated appropriately, and actions were put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.
- Staff were encouraged to discuss safety concerns at meetings so that information was openly shared.
- Management ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management assessed and discussed people's needs and preferences with them and their relatives where appropriate before they started to receive care and support from the service to ensure they could meet their needs. Assessments were comprehensive and considered issues such as people's healthcare background, mobility, personal care and safety requirements and considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- A care plan was created following the assessment process. This detailed what care people wanted and needed. Care plans demonstrated that people's needs had been individually assessed. Staff were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- People's care was based on current guidance and standards. The service had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.
- People's needs, and choices were assessed comprehensively to achieve effective outcomes for their care and support. People had good outcomes from the support they received. One person told us, "I give them 10/10 as I have received so much relief with the care, they give me, I suffered so much in the past. It means I can now get on with things and not worry." One relative explained that their family member needed surgery, and this involved the care worker going with the person to a hospital and staying with them and then travelling back and nursing them at home. This relative said, "The staff just went above and beyond."

Staff support: induction, training, skills and experience

- People received care and support from staff who were appropriately trained and well supported. One relative told us, "[My family member] is safe with them as there is always one nurse who knows him well, also they have done a lot of shadowing with me so they know what to do."
- Staff spoke positively about the training they had received. One member of staff said, "The training is good. It is practical hands-on training. They [management] always check up on training to make sure I am up to date." Another member of staff said, "Training has been helpful. It is really good training. I always feel prepared in my role. I mainly work with complex care needs. I have completed the appropriate training for this."
- Staff had completed training on essential areas such as on first aid, safeguarding, food hygiene, tissue viability, dementia awareness and moving and handling. Staff also received specialist training such as the use of tracheostomy, ventilation and gastrostomy management so they were able to support people effectively.
- Staff were supported by management and there were arrangements for regular supervision sessions and

on-site spot checks. Staff told us these enabled them to discuss their role, performance and said they found these supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of this inspection, the service did not support people with their meals. This was all carried out by people's families. People's support plans contained information about their dietary needs where appropriate.

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

- The service ensured people's healthcare needs were recorded. Assessments detailed people's medical histories and how their health conditions could affect their care needs. There was information on which health professionals were involved in people's care and their contact details. Processes were in place to support people to access health care professionals where required to ensure they received the appropriate support.

- Care staff were able to give examples of how well they knew the people they supported which enabled them to immediately observe changes in people's health and access appropriate support.

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. 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.

- The registered manager told us some people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the MCA.

- Staff completed MCA training and encouraged and supported people to make their own decisions where possible. Staff knew how the MCA applied to their work. They asked people for their consent before they carried out personal care and they offered people choices in all aspects of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were caring and treated them well. Feedback we obtained indicated that people were treated with kindness and respect. One person told us, "It's the positive, professional attitude that makes this agency so good." One relative said, "Staff are very kind and understanding, [my family member] looks well looked after." Another relative told us, "The staff are kind and helpful, they are intelligent and a great help. They are very good at putting us at our ease and are very human."
- Care staff told us they had established positive and caring relationships with the people they supported and their relatives which helped them deliver person centred care which met people's needs.
- People received support, wherever possible, from the same care staff so that the care they received was consistent. The registered manager explained that some people had complex health care needs and continuity of care was an essential aspect of the care the service provided. This helped to ensure people received the care they needed.
- Staff completed equality, diversity and Human Rights training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like and helped them make sure people were always treated fairly.

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

- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- People were supported to express their views and be involved in making decisions about their care where possible.
- Management obtained feedback from people and relatives at regular intervals to make sure the care and support they received was continuing to meet their needs.
- People's initial assessments were focused on the individual person with support from their family if appropriate. Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "[Care staff] are professional which helps me feel respected." Another person said, "[Care staff] keep the sheets over me as much as is possible which helps me to maintain my dignity as much as is possible."
- Care plans were written in a way which promoted people's independence. For each care visit, plans indicated which tasks people could do for themselves and how care workers could ensure people's independence was respected.

- Care staff told us an important part of their job was to support people to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves where they were able to do so.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their needs and preferences. Feedback indicated that care and support provided was tailored to people's individual needs.
- Where possible, people had choice and control over how their care and support was provided along with the relative's involvement where appropriate. This helped to ensure they received support that was personalised and tailored to their needs.
- Care plans were person centred and focused on people's care, medical and social needs and how they wished to be supported.
- Care workers told us management communicated with them regularly about people's changing needs and the support they required. One member of staff told us, "We have regular staff meetings. I always get the information I need. Things change quickly and these meetings help because we have an opportunity to talk to the management directly and with the clinical leads. These meetings are good because they give us direct contact with management."

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.

- Care support plans contained detailed information about how people communicated and how staff should communicate with them.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Feedback we obtained indicated that management were approachable and people felt able to raise concerns. One relative told us, "They are very open and easy to reach." Another relative said, "If I had concerns, I would speak to the managers and am confident it would be dealt with straight away."
- Staff we spoke with told us they wouldn't hesitate to raise concerns with management and were confident

that they would be listened to.

End of life care and support

- At the time of the inspection, the service was providing end of life care to one person.
- An appropriate care plan was in place which clearly stated the end of life wishes for this person.
- Care staff who supported people with end of life care had completed the relevant training.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with had good knowledge and understanding of the people they were supporting. Staff demonstrated that they were knowledgeable and had a positive manner and outlook towards the support and work they completed.
- Feedback we obtained about the running of the service and management was positive. One person told us, "I have no complaints they are just brilliant." One relative said, "I am as confident in the management and feel they are good." Another relative told us, "The agency always respond very quickly whatever issues I might raise."
- Staff told us they enjoyed working at the service and felt valued. They were provided with various tools to support them if they needed guidance or advice and this helped to provide a positive working environment. One member of staff told us, "I really enjoy working here. I do feel valued so much and supported working here."
- Care staff told us they were happy working at the service and felt supported by management. One member of staff said, "They [the service] care about staff wellbeing. They check up on me. I was really impressed by this. I feel very valued. I have never had to look for another job." Another member of staff said, "I would say that the agency is very organised. It is much more smooth running compared to other agencies. If anything comes up, it is always addressed and sorted."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and checks were carried out by management and included comprehensive checks on MARs, punctuality, care plans, infection control, staff support, accidents and incidents, complaints and staff recruitment. There was a quality assurance policy in place. Audits and checks were carried out periodically and the service took appropriate action to drive improvements.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Staff performance was monitored through regular one to one supervision and spot checks. These enabled management to monitor how staff were providing care, their timeliness and professionalism. Staff we spoke with understood their roles and responsibilities, were motivated and had confidence in the registered manager and how the service operated.

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 registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in the service, and able to feedback and comment through open conversations with management through telephone conversations, reviews and questionnaires. One person told us, "[My family member] has been called from time to time to ask how things are going, we feel they have a good oversight." One relative said, "I am amazed and delighted that the management take the time to ring and ask how things are going." Another relative told us, "There are frequent reviews at the house with us, the agency and social worker which helps us to feel confident that everything is in hand."
- The registered manager explained that office staff had regular contact with people and relatives meant they were able to monitor the quality of care delivered and where improvements were required these were implemented immediately. All feedback obtained was analysed by management to look for trends and make positive improvements.
- Staff felt well supported and involved in the running of the service. An employee engagement survey was carried out between January and April 2022 and the feedback obtained was positive. Staff we spoke with told us they had regular contact with management through emails, messages, telephone calls and meetings.
- Where required, the service communicated and worked in partnership with external parties.