

Focus Learning

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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

The inspection took place on the 24 January 2019 and was announced.

Focus Learning is a domiciliary care agency It provides personal care to adults living in their own houses.

This was Focus Learning's first inspection. They were providing care to two people at the time of the inspection with one person having received care for eight months, therefore we have gathered enough evidence to rate them.

The service had a registered manager. 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.

Risk assessments were not robust as they did not explain how to mitigate risks people may face in or around their home.

Recruitment was not robust at the service, application forms were not fully completed as they had unexplained gaps in staff employment history and dates staff had worked were not completed. Criminal record checks were not robust as they were from the previous employers and this provider had not carried out their own checks to see if staff were safe to work with vulnerable adults.

People's needs assessment were brief and contained limited information. Care plans were generic and lacked personalisation. Personal details that staff knew about a person such as preferred name and how they liked to receive personal care was not recorded in the care plan.

The registered manager did not show understanding of the Mental Capacity Act 2005.

Care planning documentation contained a number of blank spaces and was not accurate. The registered manager had systems in place to monitor the quality of the service but these were not implemented as yet. The registered manager told us they completed random spot checks to ensure care staff arrived on time to deliver care but these were not recorded. The registered manager also informed us they had held a team meeting but this had not been recorded.

All staff knew how to report safeguarding and knew how to whistleblow if the registered manager was not acting on their concerns.

The service was not managing medicines but they had policies and procedures in place to support people to receive them safely.

The risk of infection was minimised as staff followed good hygiene practices and disposed of waste appropriately.

Staff had been trained in food hygiene but did not prepare meals for people at the service.

The name of people's health professional was recorded in the care planning documentation but their contact details were not provided which meant important information could not be shared with them if needed.

Staff supported people to make their own decisions. Relatives thought their family member was safe with the carers and that the carers came on time for calls.

People were cared for by kind and patient staff who spent time with people to get to know them. People's privacy and dignity were respected as were people's individuality. Staff also respected people's confidentiality.

We found breaches of the regulations relating to safe care and treatment, need for consent, fit and proper persons, person centred care and good governance.

We have made two recommendations one for providing GP contact information and another for incorporating equality and diversity in the care planning process.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Risk assessments were not robust as they did not clearly show how they mitigated risks people faced.

Recruitment was not robust. Recruitment documentation was not accurately completed or questioned by the registered manager where there were gaps.

Relatives thought their family members were safe at the service.

Staff understood their safeguarding responsibilities and how to escalate concerns if they reported abuse and it was not being dealt with.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People had an assessment of their needs but this was not robust.

The registered manager did not show an understanding of the Mental Capacity Act 2005.

Staff received an induction, training and supervision.

Staff encouraged people to make their own decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate. Relatives thought staff were caring and respectful.

People's privacy and dignity were respected.

People were treated as individuals and staff respected diversity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were not personalised and did not contain information about people's preferences for care.

The service had a complaints procedure and relatives and people were provided with information on how to make a complaint about the service.

Is the service well-led?

The service was not consistently well led.

Care planning documents including risk assessments contained gaps.

There were systems in place to audit the quality of the service but these had not been implemented.

Staff and relatives spoke well of the registered manager and said they could contact them easily.

The registered manager understood their CQC responsibilities to notify us of incidents.

Requires Improvement 

Focus Learning

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on the 24 January 2019 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, we reviewed the information we already had about the service which included notifications. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

We viewed two support plans and two recruitment files. We also reviewed training records, policies and procedures relating to the management of the service.

We spoke to the registered manager, two care staff and two relatives.

Is the service safe?

Our findings

Risk assessments were not robust and did not provide sufficient information on how to protect people from risks they may face. For example, a risk assessment identified a risk of falling and the existing control measures just said, "walking stick" and "hand rail in bathroom." There was no further information on how to minimise the risk of falling especially where the care plan said the person needed support with moving and handling.

The service had documentation to use to complete premises and environmental risk assessments. In one file it was left blank so it was not clear if there were any existing risks within a person's home such as tripping over furniture or loose flooring. In another file, where the concern was the risk of a fall due to mobility concerns how this would be managed had been completed incorrectly. The risk assessment advised the person used a hoist to minimise the risk of falls but when we asked to see details for the safe use of the hoist we were informed the person no longer used the hoist and was bedbound. The information in the risk assessment was incorrect and this meant there was no assurance on how risks could be mitigated against safely.

Staff told us some people had a key safe to gain entry into their home but that they had not been informed of the code as they were told someone was always in. Care plans had sections where the service could record if people had or used a key safe but this had been left incomplete. This left people at risk of not receiving care in a timely manner, or at all, if staff could not access the property.

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

Recruitment procedures were not robust and staff were not recruited to the service safely. Photo identification and proof of right to work was provided and verified. However, application forms for care staff contained gaps in employment history that could not be explained to us. Staff had listed previous places of employment with no start or end dates. Staff had signed to say they were no longer working at a place of employment but references came back to say they were still employed. In another example, an application form contained no previous employment information but reference details had been provided. We queried this with the registered manager and they could not provide an explanation for this.

Reference verification was not robust. The provider had not ensured that references sent to them via email had actually been sent by the referee. In the second example, a reference that had been provided was not one of the professional references listed on the application form and there was no explanation as to why they had not been approached.

Current criminal records checks from the disclosure and barring service (DBS) were not present on staff files. These were submitted after the inspection however they were from previous employers. The registered manager could not be assured staff were safe to work with people they supported.

The above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke to told us they thought their family member was safe. One relative said, "Yes [relative] is safe, I'm comfortable, one less thing to worry about." Another relative said, "Yes [relative] is safe with the carer."

Relatives told us the carers arrived on time. The registered manager performed spot checks to ensure staff did arrive at the time they were supposed to and to ensure people were not waiting for care. Care staff worked in double up care told us they waited for the other carer to arrive which ensured people received care on time.

The registered manager and staff we spoke to understood their safeguarding responsibilities and knew the signs to look for should they suspect abuse. The service had a detailed safeguarding and whistleblowing policy. The registered manager said, "I would suspect abuse if there was never any food in the home after relatives say they will buy it or if the person didn't have pads (continence)." The registered manager advised us they would report allegations of abuse to the local authority if they were funded by them and they would approach the Care Quality Commission or the police. A member of staff said, "I would report abuse to my manager, if nothing done I have to report it myself to the CQC."

At the time of our inspection the service did not administer medicines however they had policies and procedures in place on how they would safely manage this in the future.

Staff were provided with appropriate protective equipment to protect people from the risk of infection and told us they placed clinical and non- clinical waste in their respective bins at people's homes to reduce the risk of cross contamination.

The service had a policy regarding accidents and incidents in the event they had to record them in the future. There had been none to date.

Is the service effective?

Our findings

An initial assessment of care was present in each person's file but was brief and did not demonstrate there had been a full assessment of needs. It was also not clear whether the person needing care had been involved in the assessment or which member of staff from the service had completed it. There were sections that asked about people's current general health condition, current medical treatment, mobility and specialist equipment used. We did not find this information was detailed enough or accurate to enable a carer to understand a person's current level of need. For example, in one assessment, where the question asked about current medical treatment, the response was "none". Where the assessment asked if specialist equipment was used it merely said "hoist." We were later told the person did not use a hoist. In a further example the registered manager told us they had expressed concerns about a person's foot to the family who then involved the district nurse. Unfortunately, this information was not documented to show that the registered manager had completed this as part of their initial assessment. This meant the provider did not record all details of their initial assessment of care needs to ensure they could start to provide effective care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received an induction and completed training with an external trainer. Records confirmed staff had received training in safeguarding adults, moving and handling, food hygiene, confidentiality and infection control. Records also confirmed that staff had completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

Staff confirmed they had received supervision with the registered manager. The service had appraisal documentation ready to use when the time arrived to appraise staff. Records showed that a member of staff had received an initial appraisal upon starting with the service. Both care staff had recently received a supervision in line with the provider's policy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people live in their own home a separate application would need to be made to the Court of Protection.

The registered manager did not show an understanding of the Mental Capacity Act 2005 where people may lack capacity and staff had not received training in this area. However, the registered manager and care staff could explain to us how they ensured people were supported to make their own decisions. A member of staff said, "We offer [person] choice, you have to ask what she wants. If dressing [person] have to ask what

clothes she wants."

Care staff advised they would ask people before they started personal care to gain their consent. Consent to care was not documented in one file as documents for people to show they had given consent or where someone had consented on their behalf were blank. We spoke to a relative who advised they had consented to care but this information had not been recorded by the service. There was no legal authorisation on file in the form of a lasting power of attorney to enable the relative to make decisions concerning health or welfare if the person lacked the capacity. After the inspection the registered manager sent us the signed consent form from the relative however, this was not dated nor was it accompanied with legal authorisation to confirm they could provide consent to care.

The above was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not provide nutrition and hydration support to people as their relatives supported them with meals. However, staff had been trained in food hygiene so they would be able to support people when the need arose.

Staff monitored people daily to check their health and wellbeing and would report concerns directly to the registered manager. People's GP name was provided but there was no contact information documented. This meant it would be difficult to share important information with a person's GP.

We recommend the service seeks advice and guidance from a reputable source on appropriately documenting details of health professionals involved in people's care.

Is the service caring?

Our findings

Feedback from relatives was positive about the caring nature of the staff. A relative said, "You can see they care [carers]. Before things were not right but they have so much banter with [relative]." The same relative said, "I came the other day and they were all laughing together. They treat [relative] like their own mum." Another relative said, "They are kind [carers]."

Care staff told us they were kind towards the people they supported and would be there to just talk and listen to people. A member of staff said, "I always do my job in a caring and patient way, if someone is sad I will ask if they are ok."

People's privacy and dignity was respected at the service. Staff told us they would close people's curtains and doors when personal care was being given. A member of staff said, "We cover [person] up when washing."

People's confidentiality was maintained. The registered manager told us, "We can't be discussing people at the bus stop, we have had the training."

The service did not discriminate against people and treated people as individuals. The registered manager showed awareness in respecting people who may identify as lesbian, gay bi-sexual or transgender (LGBT). The registered manager said, "If a man wanted to put a dress on we would support them to do that. We have a duty of care to support people. We don't care if you're black, blue or pink." However, information about how people may identify had not been discussed in the care planning process or initial assessment so the service could not plan care around this area.

We recommend the service seeks advice and guidance from a reputable source, about incorporating equality and diversity in care planning.

Is the service responsive?

Our findings

Each person had a care plan but they were not personalised and lacked detail. In one care plan, where a person had three calls a day, it was not explicit what the carers should do during each call. For example, it said, "Carers assist with washing and dressing and getting [person] ready for breakfast, lunch help with feeding, bed time, help with full body washing and getting [person] ready for bed." On the personal care page it stated "need two carers during washing as client needs to be moved from side to side". There was no information on how staff were to do this safely and if any equipment was needed.

Details about people's life history were completed on people's files. However, clear details of people's likes, dislikes and preferences were not available. Information about relationships that were important to people was provided but only briefly, such as "wife" and "church people." The registered manager gave an example of a person's preferred name which they said they asked at assessment, however this was not recorded in any of the care documentation. This information would help staff get to know people and help provide continuity of care should new care staff start to provide care.

The registered manager told us how they supported someone to brush their hair so that they could maintain their independence and how another person liked to have their hair washed while bathing. This information was not documented which meant person centred care may not be delivered if care staff were not made aware of people's care needs and preferences.

We informed the registered manager of issues with the care plans at the end of the inspection and they submitted an updated care plan, however, it was not sufficient and still not person centred.

Feedback from care staff was that the care plan could be more detailed. A carer said, "We read the care plan and in between we use common sense."

We were provided with the daily log which had entries for two days for one person. The care recorded was not in accordance with the care plan. For example, the care plan did not state breakfast was to be prepared by care staff but this had been recorded as a task completed.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives thought the care was meeting people's needs. A relative said, "Within a week I saw a difference, [relatives] skin looks so good. The carers before didn't communicate with [relative]"

The registered manager had experience of end of life care and expressed how important it was to ensure people were comfortable and pain free during the final stages of their life. Staff had not received any training in end of life care but the registered manager advised this would be arranged.

There was a complaints policy and procedure and the registered manager advised people to raise concerns

with them. People received details on how to make a complaint with their welcome pack upon joining the service. There had been no complaints received at the service since registration. Relatives could call the registered manager directly if they wanted to discuss aspects about the care. There was an out of hours telephone number for people to call the service. This meant the provider had a system to receive complaints from people who used the service and their relatives.

Is the service well-led?

Our findings

Relatives and staff spoke well of the registered manager and found them to be approachable and supportive. A relative said, "The level of communication with [registered manager] is very good, it's so easy I trust them." Another relative said, "The manager is helpful."

The registered manager told us they wanted to provide good quality care that gave people good outcomes. The registered manager said, "I want to provide the best care possible." To ensure openness and transparency the registered manager told us they updated their carers on policies and procedures, ensured rotas were given and that as a manager they were available 24 hours day if people who used the service, their relatives and staff needed to speak with them.

The service had policies and procedures in place to monitor the quality of the service. These contained details of the quality audits to be carried out. However, at the time of inspection the service had not yet carried out any quality audits. This meant that people could not be assured that areas for improvement were identified and acted on.

Records were not always completed or reflected the care people received. We found a number of incomplete fields throughout the initial assessment, care planning and risk assessment documentation. It was not clear if a question had been asked or was not applicable to a person. This meant the registered manager could not assure themselves quality care was being provided as required by the care plan.

These issues were a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and the registered manager told us they had had a team meeting towards the end of 2018, to share information and good practice however, this had not been documented.

The registered manager told us they currently did not attend any external meetings with other health agencies but that they stayed up to date with information in adult social care as they received newsletters from the local authority.

The registered manager showed awareness of the responsibilities to notify the CQC of important incidents as required by law. At the time of the inspection there none had been reported as no incidents had occurred.

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 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment was not personalised, detailed, meeting people's needs or reflecting their preferences. 9(1) (a) (b) (c) 9 (3) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. Where the service user lacked capacity the registered person must act in accordance with the 2005 Act. 11 (1) (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not providing care and treatment in a safe way for service users. Risk was not fully assessed or mitigated against. 12(1) (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not maintaining an

accurate, complete and contemporaneous record in respect of each service user. 17 (1) (c)

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures did not operate effectively. 19 (1) (2) (3) (a)