

Carefocus Healthcare Ltd

Carefocus Healthcare

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?

Inadequate 

Summary of findings

Overall summary

About the service

Carefocus health is a domiciliary care agency. It provides personal care to people living in their own homes and flats. At the time of the inspection a limited number of people were receiving personal care from the service.

People's experience of using this service and what we found

People's initial needs assessment, risk assessments and their management plans were not accurate. For example, about lifting and handling, personal risk assessment, and home internal risk assessment. Care plans were not person-centred and did not provide staff with guidance on how people's needs should be met. The provider's quality assurance systems were not effective and spot checks were inaccurate.

The provider did not complete checks and audits on staff recruitment checks, staff training, care plan and risk assessment. Staff were not supported with supervision. The provider carried out background checks for staff before they started working. However, three staff members previous employers' references were outstanding. We have made a recommendation about some staff recruitment checks. People were supported by effectively deployed staff. People gave us positive feedback about their safety and told us that staff treated them well. People were protected from the risk of infection.

Relatives coordinated people's health care appointments and health care needs, staff were available to support people to access healthcare appointments if needed.

Staff obtained consent from people prior to providing care to them. 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.

Staff supported people and showed an understanding of equality and diversity. People told us they had been involved in making decisions about their care and support, they were treated with dignity and their privacy was respected. People were supported to be as independent in their care as possible. Staff communicated with people in the way they understood. People told us they knew how to complain and would do so if necessary.

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

Why we inspected

This was a planned inspection. This service was registered with us on 01 August 2018 and this is the first inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches of regulations in relation to the provider was not making sure there were proper risk assessments and their management plans. People's initial needs assessment were not accurate, and their care plans were not person-centred. The provider's quality assurance systems were not effective and spot checks were inaccurate. Three staff members previous employers' references were outstanding.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet 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 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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Carefocus Healthcare

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

One inspector visited the service on 1 August 2019 and made phone calls to people and staff on 2 August 2019, to seek their views about the service.

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 registered with the Care Quality Commission. 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.

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 or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at all the information we held about the service. This information included the notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. 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.

During the inspection

We spoke with the nominated individual cum registered manager, one office staff and one member of field staff. We looked at one-person's care records and five staff recruitment records. We also looked at records related to the management of the service, such as the spot check forms, and the providers policies and procedures.

After the inspection

We spoke with one person and one member of care staff. We continued to seek clarification from the provider to validate the evidence found in relation to staff recruitment checks and the providers policy and procedures.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We looked at the personal risk assessment carried out on 29 July 2019 by the registered manager for a person, which covered aspects of inside the home, outside the home, in and out of bed, toilet, transfer, sit/stand, bathing, stairs, general movement, and emergency. The risk assessment noted, except for bathing, that this person was 'independent' for all of these activities.
- For the risks related to bathing, 'one carer' was ticked but there were no other details about the level of risk and there was no guidance for staff regarding how to minimise the risks related to the person bathing.
- This meant the provider did not ensure risk assessments and their management plans were accurate. Staff worked independently in people's homes, without supervision so inaccurate guidance increased the risk of harm.
- Risk assessments and their management plans had not been completed with the person concerned to ensure all risks were identified and assessed. For example, lifting and handling, personal risk assessments, and environmental risk assessments had been carried out by the registered manager on 29 July 2019. However, the person using the service was not at home, but in a hospital on this day.
- We asked the registered manager, how they carried out the risk assessments when the person was in hospital. They told us they had completed these risk assessments on the phone. However, this person told us that no one from Carefocus spoke to them, when they were in a hospital. We could not be assured that the risk assessment had been completely accurately as a result.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate care and treatment would be provided in a safe way as risks were not assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider carried out background checks for staff before they started work. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any

gaps in employment, and criminal record checks and proof of identification. However, three staff members references from their previous employer were outstanding.

- This meant the provider could not be assured of the conduct of these staff members in previous roles.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by effectively deployed staff. Staff attended people's care calls as agreed. One person told us that staff attended care calls as agreed and spent the full time and if required more time to support them.

Systems and processes to safeguard people from the risk of abuse

- People gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Yes I do feel very safe, I can trust them."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, the signs to look for and whom to report. Staff completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.

Using medicines safely

- The provider had policy and procedures to support with medicines administration.
- At the time of this inspection, people required no support with their medicines because they were self-administering.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included action staff would take to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager told us there had been no incidents since their registration in August 2018. We found no records of any accidents or incidents occurring.



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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's support needs assessment had not been completed with them to ensure all their needs were identified and assessed. For example, the registered manager carried out the support needs assessment and mental health assessment on 29 July 2019, when the person was in a hospital.
- We asked the registered manager, how they carried out the needs assessments when the person was in a hospital, they told us they had completed the assessments on phone. However, this person told us that no one from Carefocus spoke to them, when they were in a hospital.
- We could not be assured that people's assessment had been done in conjunction with them and that it reflected their needs and preferences.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's needs were assessed in collaboration with them.. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervision. For example, two staff confirmed that they did not receive supervision.
- Staff told us they had completed an induction and training the provider considered mandatory in areas such as basic food hygiene, safeguarding, moving and handling, health and safety, infection control, and first aid. One person told us, "They [staff] are trained. They are very good."
- Staff told us the training programmes enabled them to deliver the care and support people needed.

We recommend the provider support staff through regular supervision to ensure people needs were met.

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

- The provider had policies and procedures on people's nutritional and hydration needs and identified areas where they were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
- At the time of this inspection people required no support with their food and drink.

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

- The provider had policies and procedures to work with other external professionals to ensure people received effective care.
- The registered manager told us, should there be a need for people, staff would coordinate with external healthcare professionals and work with them, to meet the needs of the people. however, at the time of the inspection people did not required staff support.
- Relatives coordinated people's health care appointments and health care needs, and the registered manager told us, staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse, GP or a hospital appointment.

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.

- Staff were aware about MCA and they obtained consent from people prior to providing care to them. People had capacity to make decisions about their care and welfare. For example, one person told us, "They [staff] ask me before, they always check, how I want to get the work done."



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

- Staff supported people and showed an understanding of equality and diversity. For example, a member of staff told us, "I respect them as they are which I have learnt, for example; I ensure either I take off my shoes before entering the home or put shoe covers on."
- The service was non-discriminatory, and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People told us they had been involved in making decisions about their care and support. One person told us, they get the support they require and do not feel rushed by the staff.
- Staff said they involved people in the delivery of care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, staff were respectful and helpful, and they are happy with them.
- Staff described how they respected people's dignity and privacy and acted in accordance with their wishes.
- People were supported to be as independent in their care as possible. One person told us, staff let me do things myself, if I want to do them. Staff said, they would encourage people to complete tasks for themselves as much as they were able to. For example, washing face, brushing teeth, eating and walking with mobility aids.
- The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.



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 requires improvement. This meant people's needs were not always met.

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

- Care plans were not person-centred and did not provide staff with guidance on how people's needs should be met. For example, a person's care plan stated, "one visit daily for 30 minutes to help shower, dress and put out recycling", and no guidance for staff about how to meet their choices and preferences.
- The care plan did not include the level of support people needed from staff and what they could manage to do for themselves. This meant staff may not meet their needs, or not in line with their choices and preferences.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate care plans were person centred. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Staff communicated with people in the way they understood. The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary.
- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.

- The registered manager told us there had been no complaint since their registration in August 2018. Records we saw confirmed this.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care. However, no-one using the service required end-of-life support at the time of our inspection.



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 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.

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

- The provider's quality assurance systems were not effective. The provider was not monitoring people's calls to ensure that these were taking place as planned.
- The provider did not complete checks and audits on staff recruitment checks, care plans and risk assessments.
- The registered manager told us that they carried out spot checks at people's home. We saw six completed spot checks forms for the period from 20 August 2018 to 30 June 2019. These spot checks included the supervisor's observations for aspects of punctuality, personal appearance, politeness and consideration, respect for service user, respect for property, ability in carrying out care, knowledge and skills, did staff wear identification badge and uniform. All these forms were recorded 'good' for all aspects.
- We compared these six completed spot checks forms with care logs completed by staff who attended the planned visit to people's home and found out the name of the staff and the time staff attended to people as recorded on spot checks form did not match with their actual recorded care call times. For example, on 26 September 2018, the time of visit by staff was from 6.25am to 6.55am. Whereas the spot check form recorded, a different staff name as present and the time of arrival at 11.55am, time of leaving 12.33pm. On 10 January 2019, the time of a visit by staff was from 6.15am to 7.00am. Whereas the spot check form recorded, a different staff name as present and the time of arrival at 10.40am to 11.00am. We were therefore not assured of the accuracy of these records.
- We spoke with people and they have confirmed that the registered manager had not visited them to carry out a spot check after the commencement of care in August 2018.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate the provider's quality assurance system and processes were effective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us they have an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them. However, we tried a few times to speak with the registered manager or any member of staff on their office phone on 25 July 2019, and sent emails, but there was no response until 26 July 2019. When asked, the registered manager told us, staff forgot to divert the phone line to the out of office number. This meant people and staff may not get timely help when required.
- The provider had not encouraged and empowered staff to be involved in service improvements through periodic meetings.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality assurance system were effective. This placed people at risk of harm. This was a further breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they did not carry out a satisfaction survey but received verbal feedback from people, however we found no records of any verbal feedback occurring.

Working in partnership with others

- The registered manager told us they remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. However, they have had no opportunity to work with other agencies since their registration in August 2018.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure that staff were of good character for the roles they performed.</p>

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's support needs assessment was not accurate. Care plans were not person-centred and did not provide staff with guidance on how people's needs should be met.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments and their management plans were not accurate.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems were not effective and spot checks were inaccurate.

The enforcement action we took:

We issued a warning notice.