

Focus Care Link Limited

Focus Care Link Ltd - Waltham Forest Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Focus Care Link Ltd – Waltham Forest Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection there were 63 people using the service.

People's experience of using this service

Some people told us that their care was delivered on time, and they had no concerns with staff calls, however one person told us care workers were late on several occasions or had not attended the call at all. One person told us they did not always receive a phone call from the office with an apology or an explanation. The information we reviewed about the monitoring call systems, showed late calls were recorded and actions taken for example welfare calls were made to people if care workers were running late. We were informed that on one occasion there was a missed call, in this case the monitoring officer stated they had called the person to arrange another care worker to visit the person. We have made a recommendation about staffing.

Some staff were not always clear on safeguarding procedures. We saw that staff had safeguarding training and the branch manager said they would pick up this lack of knowledge with the team. We have made a recommendation about safeguarding training.

Risk management plans had been reviewed since the last inspection, they contained enough information for staff to follow and keep people safe from harm. Medicines were not always managed well, we found gaps in the administrative records. People were supported by staff who had been recruited safely. Infection control measures were in place and staff had access to supplies of PPE.

The provider followed the principle of the Mental Capacity Act. Staff told us they always asked for people's consent before providing care. People told us they had care plans and their needs had been assessed. Staff had training in several subjects mandated by the provider. Staff followed an induction plan before they were able to provide care to people unsupervised. People had their nutritional needs assessed to prevent malnutrition and dehydration. People had access to health care professionals.

People told us staff were kind, caring and friendly. People said they were respected and treated well. People and staff were able to share their views with the managerial team and people were involved in their care and making decisions. People's care plans contained personal information about what was important to them. People's communication needs were assessed. The provider had addressed complaints in a timely manner.

Staff told us they were supported by the managers, they felt they were listened to and valued. People were engaged in the service and told us they were asked for their views regularly. The quality of care was monitored and audited regularly, and improvements had been made to the service as a result. Staff lateness is still an issue and although the provider picks these issues up through their call monitoring system, further

improvements are needed to manage these issues more affectively.

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 18 April 2019) and there were 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 we found improvements had been made and the provider was no longer in breach of regulations

At our last inspection we recommended that the provider seek guidance about consent. At this inspection we found the provider had put in place the right authorisation documents about consent.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor the service and ask for an action plan asking how they will immediately begin to improve.

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.

Requires Improvement 

Is the service effective?

The service was Effective.

Good 

Is the service caring?

The service was Caring

Good 

Is the service responsive?

The service was Responsive.

Good 

Is the service well-led?

The service was not always Well-Led.

Requires Improvement 

Focus Care Link Ltd - Waltham Forest Branch

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

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. Inspection activity started on 28 September and ended on 4 October 2022. We visited the location's office/service on 28 September and 4 October 2022.

What we did before the inspection

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. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with 10 staff including 2 care co-ordinators, 2 care supervisors, 1 monitoring officer and 5 care workers. We reviewed 6 care plans including risk assessments. We spoke with 6 people using the service. We looked at a range of records including service audits, 6 staff files, training records, accident and incidents files and safeguarding records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Staffing

- At our last inspection we found staff lateness and missed calls were an issue. At this inspection we found that although improvements had been made, there were still issues around staff lateness or missed calls. One person stated that on several occasions their care worker had not attended the call and no phone call from the office to explain why or apologise. In addition, the out of hours phone was not answered. Other people and relatives we spoke with told us that care staff were on time and if they were running late, they received a call from the office to apologise and an explanation.
- The provider had an effective monitoring system in place to ensure staff were completing visits and were on time, we observed this system being used on the morning of our visit, it allows the provider to pick up on issues in real time and take appropriate steps to address staff lateness or absence.
- Data we reviewed showed that staff had been up to an hour late on some calls. Late calls were recorded on 14 occasions between early June to late September 2022. The monitoring officer informed us that if care workers were late or there was a missed call it was logged into the call monitoring system, they will then take actions such as call the person and offer an apology and an explanation, in addition actions taken were recorded, for example care workers were asked to complete a lateness form and ring the office to speak to a care supervisor, this was also addressed through staff supervisions. We saw actions recorded for all 14 late calls.

We recommend the provider reviews staff deployment and how calls are scheduled or planned to meet people's needs.

Using medicine safely

- Medicines were not always managed safely.
- Some medicine records reviewed showed there were gaps in recording staff signatures and no explanation given. The care coordinator explained that the medicine had been administered to the person and these gaps had been picked up in their monthly audits. They also stated the staff responsible had been spoken to about making improvements. We reviewed monthly audits for medicine and confirmed that gaps had been identified and actions had been taken to address this, in one example the record stated the care workers name, and they were advised to complete records fully.
- Risk assessments were in place for individuals taking medicines, however people's care plans did not include a list of medicines and their side effects. Staff therefore had limited information to guide them in the event of an emergency. We spoke to the care supervisors about this, and they stated this would be rectified.
- Staff were able to explain the process for administering medicines, and what to do if an error was made,

one staff said, "I would contact the office and then the emergency services if needed." Staff received training in the safe administration of medicines which enabled them to safely administer medicine and protect people from harm.

Systems and processes to safeguard people from the risk of abuse

- Some staff we spoke with were not clear on safeguarding protocols or procedures. We spoke with the branch manager about this, they said all staff had received training in safeguarding and should have a good understanding of abuse and reporting procedures. We saw training records which showed staff had safeguarding training. The branch manager said they will address this with all staff.

We recommend the provider check staff understanding of safeguarding training.

- The provider had a safeguarding policy in place to guide staff on what to do if people were at risk of harm or being abused.
- Records we reviewed showed staff had training in safeguarding procedures.
- Where there had been concerns, we saw evidence of these being shared with the local authority's safeguarding team.

Assessing risk, safety monitoring and management

- The provider had reviewed their risk management plans since our last inspection and improvements had been made. Risk assessments for individuals contained detailed information to guide staff on keeping people safe from harm. In one example the assessment stated, "[Person] to use a frame indoors and a walker outdoors, staff to provide 1:1 support at all times due to risks of falls."
- Staff told us they carried out a risk assessment on the first visit to the person and areas such as medicines, the environment, nutrition, medical conditions, falls, mobility and fire were covered in the assessment. They provided a structured response to risks identified.
- Care plans contained a detailed description of people's medical conditions and how to manage these.

Recruitment

- Recruitment of care staff was done safely. This included obtaining a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Other checks undertaken included 2 references, proof of address, a full employment history and right to work documents.
- The branch manager told us there were plans to involve people in the recruitment of care staff and these would be going ahead in the next few months.

Preventing and controlling infection

- The provider had systems in place to control and prevent infections.
- Staff told us they had the use of personal protective equipment (PPE) such as masks, gloves, hand gel, shoe covers and aprons. Staff stated there were no concerns with supplies.
- People told us staff wore PPE appropriately whilst in their home.
- The provider has an infection control policy in place to guide staff on controlling the spread of infections.
- Staff had received infection control training and records reviewed confirmed this.

Learning lessons when things go wrong

- The provider had in place a complaints file which was used to record complaints raised about the service. Records showed that learning had taken place. In one example, a person using the service had complained

about the way a care worker had communicated with them. Following an investigation, the provider ensured the care worker had additional training. This was recorded on the file.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended that the service finds out more about documenting consent, based on good practice, in relation to people who may lack the mental capacity to take particular decisions. The provider had made improvements.

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 MCA 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.

- The provider had the correct authorisations in place. For example, there was a lasting power of attorney document on file for a person who lacked capacity to make decisions about their care and welfare. A lasting power of attorney or (LPA) is a legal document that lets the person appoint one or more people (known as 'attorneys') to help people make decisions or to make decisions on your behalf. This gives people more control over what happens to them if they lack the mental capacity to make decisions.
- People's care plans included consent to care forms signed by the person or an authorised person on their behalf. Staff told us they ask peoples permission before care is delivered, one staff told us, "Always make sure you ask for consent to the person."

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

- People's care and support needs had been assessed prior to the service commencing. These assessments covered areas such as personal care, communication, medical conditions and their impact on a person, safety in the home, preferences and hobbies and interests.
- One person said, "Yes, I have a care plan. [Staff] do ask me to help, they are polite, caring and kind, they communicate well, I choose those 2 [care workers] as some of them don't communicate, my face light up when they come, I can talk to them they are nice, they know me well my routine and all of that, they are

trained properly."

- Records showed that outcomes were recorded for people for example in one person's care plan the outcome was for them to maintain their health. To achieve this, they needed to attend regular GP reviews. Records showed they had been to see their GP with their family. In another care plan the person stated they wanted to "Meet their hygiene needs", to achieve this they needed to have regular personal care and support with grooming. Care notes showed they were having regular personal care and support with grooming.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills, knowledge and experience to provide safe care.
- One person said, "I told the office people do their job properly and they know me well my routine and all of that, they are trained properly." Another person said, "They seem to be trained well."
- Training records showed staff had training in medicines, moving and handling, fire, food hygiene and the MCA. Staff told us they found the training useful, and it enabled them to do their job better. One staff said, "Yes we have training opportunities, there is a plan in place, we do e-learning, we can become an assessor in health and social care in college, we have in house training, the trainer comes from the other branch to help, I was enrolled on 18 modules online, we also do 10 hours of shadowing for each new staff."

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

- People's care plans outlined the support people required to eat and drink.
- People told us they received support with their meals. For example, one person said, "They [Staff] heat up my food, leave a drink by my table, and ask if I need anything else before they go."
- One staff said, "We have some people who need to be encouraged to drink and eat, we have put a monitoring chart in place, to know what [person] has taken in food and drink, the [person] is refusing so we try our best to get the [person] to drink and eat, write it down if the [person] had food, leave water or tea next to [person], the office told us to put this in place from family and the GP."
- Daily records showed that staff were recording food and drinks for some people where needs had been identified.

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

- Health care professionals were involved in people's care. These included the GP, occupational therapist and the district nurse.
- Care files contained a protected plan for some people. This plan was in addition to the care plan. It had details about health conditions and who to contact if needed. This was particularly designed for people who may not have the capacity to make decisions about their health or where a person was unable to communicate their needs. This gave staff additional guidance to follow for individuals.
- People were supported by their family members or friends for health care appointments. A care worker attended the appointment if this was requested.
- The provider worked with health care professionals and social workers to support people to maintain their health.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 told us they were treated with respect. One person said, "[Staff] are always there, [my relative] has a risk of wandering and does not have capacity. [Staff] are friendly and approachable, they treat [my relative] with dignity and respect." Another person said, "Yes people come on time, no complaint, I would speak to the office on the number, carer treats me well, kind and friendly, they seem to be trained well."
- Details of people's background were in people's care plans including their cultural and religion if known.
- Staff had training in equality and diversity and training records reviewed confirmed this.

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

- The provider had a system in place for recording people's views.
- One person told us, "I can give my views to the office, [staff] came up here twice, and talked to me in person to find out why I was not happy, it was due to changing the staff. It is okay now."
- Care records reviewed showed that people were involved in making decisions about their care. Reviews took place at regular intervals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People were encouraged to be independent. One person said, "[Staff] do ask me to help, when assisting me with a shower." A staff member told us, "You can't just go and strip off the client, use the curtains, door closed, ask the family to leave the room or wait downstairs until you are finished." A relative told us, "They treat my [family member] with dignity and respect."
- Care records and care notes reviewed were written in a respectful manner. Staff spoke about people in a caring and friendly manner. Staff told us they treated people well.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's care plans were personalised, and details of likes and dislikes were recorded. For example, one person's care plan stated, "I do not like care workers assisting me with dressing. I can help myself and I prefer to change at my convenience." Another one stated, "I prefer a shower once a week and a strip wash on other days."
- Care plans reviewed had the question, "What is important to me", this enabled people's hobbies and interests to be recorded for example watching TV, reading or attending social activities.
- Daily records reviewed showed people were receiving care according to their care plan. Staff also told us how they knew people well and followed their care plans.
- Guidelines were in place for staff to follow. For example, in one care plan, the guidance stated for staff to encourage the person to become more independent, support the development of skills and techniques and build confidence for the person to self-care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had assessed people's communication needs. Assessments showed that people's communication needs were identified for example in one care plan it is recorded that the person speaks other languages and had some hearing difficulties. The care coordinator told us where people used other languages, they would do their best to find a care worker who spoke the same language.
- Care records contained details on how best to communicate with people, for example, in one person's care plan it stated the care worker needed to speak loudly, clearly and face the person, so the person could understand them.
- Audits completed by the provider showed people were asked about their communication needs being met, in one example a person was asked if they were happy with how the care worker communicated with them, the person responded saying they were "very happy" in this regard.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and policy in place.
- People told us they knew how to make a complaint. One person said they made a complaint about not having the same care workers and this was addressed and resolved by the care-coordinator.

- One person did not want to complain as they did not think this would change anything. We highlighted this to the provider to address. They stated they were not aware of this issue but would speak to the person to find out their views
- Incidents of concerns were recorded on file and investigated. Findings and lessons learned were recorded. In one case the outcome was for the care worker to receive additional training which was put in place.

End of life care and support

- The provider had an end-of-life policy in place. At the time of the inspection no one was in receipt of end-of-life care.
- The provider stated they would contact the palliative care team or health care professional to seek advice if they were supporting a person at the end of their life.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not established systems and processes to fully monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had developed and improved their quality assurance systems. Regular audits of the quality of care took place. These included, telephone monitoring, medicine audits, checks of daily notes, care plans and risk management plans. Monthly spot checks were done regularly, and findings were recorded.
- Audit records reviewed had picked up on issues of concern for example, medicines audits had identified gaps in medicines records, and this was being addressed by the provider. The care coordinator told us these gaps had been investigated and gave us assurance that the medicine had been given on these occasions.
- The provider understood what to notify CQC about for example any serious incident or a safeguarding concern, we had received notifications from the provider in a timely manner.
- Staff understood their role and told us they wanted to ensure people received good care.
- The provider had recorded late or missed calls through their call monitoring system however these issues persist and have not been fully addressed. The actions recorded have not resulted in a sustained improvement and there is not enough assurance that these concerns are being managed effectively.

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

- Staff told us there was an open and honest culture in the organisation. Staff stated they felt valued and listened to by the registered manager.
- Staff told us, "Yes I think we have an open culture." Another staff said, "Yes you can raise any concerns, we get any help with training and mental health problems we need and yes managers are good leaders. Everything is about communication in the field. They answer us when we have concerns."

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 and branch managers understood the duty of candour and had recorded when things had gone wrong.
- In one case an email had been sent to a family member to apologise for some concerns they had raised.

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

- The provider carried out questionnaires for staff and people to find out their views of the service. Responses indicated people were overall happy with the quality of the service.
- The branch manager told us, "We have monthly meetings and quarterly managers' meetings. A chance for the carers to come on board, and family members. We discuss new protocols, strategies for care worker skills. A forum for family members to speak to express how they feel, we strive to be an excellent care provider, there is a good turn out from families."
- Care records reviewed showed people's preferences were considered when organising the rota for staff. In one example, a person was offered to have a male or female carer and this choice was recorded in their care plan.

Continuous learning and improving care

- The branch manager and care coordinators had systems in place to enable learning to take place and drive forward with improvements. The branch manager told us, "We have introduced a weekend supervisor, so they can do the risk assessment and update the care plan. This has helped with discharge from hospital at the weekends."
- Staff told us there were team meetings and they were able to share their views and make suggestions to the registered managers and supervisors.
- Records reviewed showed that learning had taken place. The registered manager and branch manager said they had made improvement to the quality systems after their last inspection, and this had helped to identify any concerns and address them without delay.

Working in partnership with others

- The provider worked with others such as the local authority and social workers. This enabled the service to make improvements.