

Focus Care Professionals Ltd

# Focus Care Professionals Ltd

## Inspection report

Unit 215  
Tudor House 2-8, Fountayne Road  
London  
N15 4QL

Tel: 07510649481  
Website: [www.focuscareprofessionals.co.uk](http://www.focuscareprofessionals.co.uk)

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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

### About the service

Focus Care Professional Limited is a domiciliary care agency. It provides personal care and support to people living in their own homes.

Not everyone who used the service received personal care. At the time of this inspection 2 people were receiving personal care from the service. 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 and what we found

Governance systems and processes were not fully established. We identified shortfalls in recruitment, medicine management, risk assessments, and overall management oversight of the service. Records of staff training and support were not provided, therefore we were not able to confirm staff had completed mandatory training as required. This put people at risk of harm and receiving unsafe care.

Safe recruitment practices were not always followed with appropriate checks not always being completed to ensure that only suitable staff were employed. People may have been placed at a risk of harm from staff members who had not been recruited safely. We could not be assured risk to people had been assessed and mitigated as risk assessments were not provided despite various requests to provide these.

Care plans were not person centred, incomplete and did not fully describe the care provided to people. Daily records did not describe the personal care provided to people. Relatives confirmed people's needs were assessed, however, records of needs assessments were not provided despite several requests. People were protected from the risk of abuse because staff knew the action to take should they suspect or witness abuse.

Relatives told us they were happy with the care provided by staff and told us they felt involved in planning and organising the care.

Staff knew people well and delivered care and support to people in ways they preferred, respecting their choices and wishes.

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; however, were not able to confirm the policies and systems used to support this practice as these were not provided during this inspection.

The service involved people and their families with people's day to day care and support needs. Relatives told us they were listened to and were consulted about how their relative received care and support. Relatives told us the service was well led and staff were kind and caring.

#### Rating at last inspection

This service was registered with us on 12 December 2018 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and recommendation

We have identified breaches in relation to recruitment, risk management, medicines, staff training and good governance.

We have made a recommendation in relation to needs assessments and recording of daily care notes.

Please see the action we have told the provider to take at the end of this report.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## 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 responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Focus Care Professionals Ltd

## **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 team consisted of one inspector.

#### Service and service type

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

#### 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. The registered manager was not available during this inspection, we spoke with the registered provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 25 November 2022 and ended on 19 January 2023. We visited the office

location on 25 November 2022.

What we did before the inspection.

We reviewed the information about the service since they first registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative, about their experience of the care provided. We spoke with the Nominated individual who also provided the care to people. The nominated individual is responsible for supervising the management of the service on behalf of the registered provider.

We reviewed daily care records and policies and procedures. Despite various requests for documents/information to help with the inspection these have not be submitted by the registered manager or registered provider.



## 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 as 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; Using medicines safely

- Risks were not always managed safely, because risk assessments had not been completed to ensure people received safe care at all times. This included measures on how to keep people safe.
- Risk assessments had not been completed in relation to people's health conditions and use of equipment for transfers.
- Medicines were not managed safely. We found people were supported by staff to ensure they had taken their medicines as prescribed. However, records did not reflect medicine support and risks related to medicines had been assessed.
- The registered provider told us 1 person receiving care managed their own medicines, however, we found staff provided support with medicines. This was inconsistent with the care plan which showed the person administered their medicines independently.
- Staff also assisted with over the counter eye drops where 1 person required support to administer these. This was not detailed in the care plan. This may have put the person at risk of harm because staff failed to assess and record the risks associated with this medicine. The registered provider confirmed this.

We found no evidence that people had been harmed. However, the above concerns meant that risks to people were not assessed and recorded to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received medicines in a safe way. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- People were supported to take their medicines as prescribed and in ways they preferred. A relative told us the person managed their own medicines, but staff encouraged them by reminding them to take their medicines and placing them on a tray at mealtimes.

Staffing and recruitment

- Staff were not always recruited safely. Recruitment procedures had not been followed and the required safety checks had not been carried out. For 1 staff member employed for 2 weeks we were not provided with relevant checks, such as references and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This had placed people at risk of harm from staff who had not been recruited safely.
- The registered provider told us they were the only staff member providing care and worked with staff from another agency. However, we found 2 additional care staff had been employed by the registered provider to assist with care. Despite requests for documentation in relation to recruitment of staff members, this has not been provided.

We found no evidence that people had come to harm. However, people were put at risk of harm because the registered provider failed to follow safe recruitment practice. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- People were safe with care staff. A relative told us, "Yeah I do [feel relative is safe]. I feel much better when they [care staff are there. I don't live with [relatives] which is why carers are there, makes [relatives] safer."
- The registered provider told us they had completed training in safeguarding adults. We were not able to verify this as records of training were not provided. They said they would report any abuse straight away to the local authority, if grievous harm to the police and also inform the family.
- The registered provider told us they would whistle blow if they witnessed any abuse. They said if a person is neglected and carer failed to attend, they would raise the alarm, "Whistle blowing is raising the alarm, not keeping quiet, report to CQC."

- Staffing levels met people's needs. A relative told us staff arrived on time and staffing numbers met their relative's needs. Staff were flexible where this was needed.
- The service employed 3 staff who worked shifts to cover the times needed to provide care to people. This included the registered provider who told us they provide personal care. A relative confirmed this.
- The registered provider told us staffing levels were based on people's level of need.

#### Learning lessons when things go wrong

- Systems were in place for recording incidents and accidents.
- The registered provider told us there had been incidents of falls, but these did not happen when staff were present. These were recorded in the daily notes kept in the person's home.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had access personal protective equipment (PPE), there was sufficient supply of PPE to ensure staff could keep people safe from infection. A relative told us, "Yeah, they do, whenever I've been there, they wear the aprons, mask and gloves."
- The registered provider told us, "We have to use PPE mask, gloves, use sanitiser to wash hands before we do anything, we use the head cover, sleeves, we have these in the client's home, and shoe covers."

## 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.

Staff support: induction, training, skills and experience

- We were not assured that staff completed mandatory training and support to effectively carry out their role. We asked the registered provider and registered manager for training records. However, this was not provided. Therefore, we were not able to verify any training had taken place. This put people at risk of receiving care from staff who may not be appropriately trained and supported.

We found no evidence that people had been harmed. However, people were put at risk of harm from staff who may not be appropriately trained. This was a breach of regulation 18 (Staff support) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered provider told us they completed training in various topics as part of their level 5 training in health and social care. Such as, safeguarding and Mental Capacity Act. They also completed training in moving and handling, infection control, medicine administration and health and safety.

- A relative told us they were confident that staff had the skills needed to provide care to their family member.

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

- People's care needs were assessed before the service started to provide them with care and support. A relative confirmed this and said care was delivered in line with what was discussed and agreed and gave us an example of this. They told us their relative's needs were fully met by the service.

- The registered provider told us they visited to assess and establish people's needs. We requested a copy of people's needs assessment during our visit, but this was not available. The registered provider told us it had been some time since they completed the needs assessment, but they would find it and send a copy. This was never sent despite further requests. They told us everything was upside down due to Covid-19 challenges.

- Care plans were not person-centred and did not provide clear guidance and information to ensure staff could support and care for people effectively. The care plan sent to us during our inspection was out of date and did not reflect some of the care currently being delivered. Daily notes were vague and did not describe the care being delivered. Records of care provided was not sufficiently documented.

We recommend the provider seeks a reputable source in relation to needs assessments and recording of daily records.

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

- People were supported by staff who understood their food and drink preferences. The registered provider told us, "I help with food preparations, I do the shopping and cook how they [person using the service] want it done. [person] gives me instructions, it's person-centred care."
- People's cultural needs for food were met, including individual food likes and dislikes and if they needed individual support with eating their meals. A relative told us, "They [care staff] prepare meals according to [relatives] cultural requirements, they are learning as they go along."

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

- People had access to healthcare professionals to ensure their health needs were met. A relative told us, "[Care staff] attends appointments with [relatives]."
- Healthcare professionals visited people at home where this was required, for example visits from physiotherapist, chiropodist and opticians. A relative told us they worked with staff and healthcare professionals to ensure the wellbeing of their relative.

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 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 service was working within the principles of the MCA. The registered provider told us they had completed training in relation to the MCA.
- The provider told us people who used the service were able to give consent about their care.
- Staff asked people for their consent before providing care. A relative gave us an example of this where staff would explain what they were going to do before providing personal care.
- The registered provider understood the principles of the Mental Capacity Act. They told us, "You have to establish if a person has the capacity to make decisions or a family or next of kin has to make that decision, somebody who has power of attorney."

## 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 cared for by staff who treated them with kindness. A relative told us, "Yeah definitely from what I've seen, my [relative] would tell me."
- People's cultural and religious needs were respected by staff when visiting people, such as the way food is prepared. The registered provider told us they did not discriminate and treated people according to their needs. "The person centred comes into play, be there transgender, gay or lesbian. It is what they want to do and what is your need. At Focus Care we like to focus on the individual and deliver care as they want it, tailor the care plan around their need."

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

- People were involved in making decisions about their care as much as possible. This was confirmed by a relative who said, "I am [involved] I had some input into the care plan, which is regularly reviewed monthly. They've [staff] been very supportive they are accommodators."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. A relative told us, "[Relatives] are treated with dignity and respect."
- A staff member told us, "When showering you keep the door closed, close the curtains, avoid people seeing their nakedness, the way you relate and speak to them, respect their feelings. Work with them with understanding to have good relationship it is all about dignity and respect."
- People's independence was encouraged. A relative told us staff, "Encourage [relative] to eat on their own, staff worked really hard to get [person] to start eating again. They sat with [person] for an hour."
- The registered provider gave us an example of 1 person who they encouraged to make a cup of tea with supervision.

## 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

- People received person-centred care tailored to their individual needs. Staff cared for people in a way which met their needs, choices and preferences. A relative confirmed this.
- The service was responsive to people's needs. A relative told us the service was flexible to making the necessary changes to meet their family members' needs.
- Care plans were not personalised and did not reflect all areas of care provided by staff to people. We informed the registered provider of our findings, they told us the care plans would be updated and amended to reflect people's current needs.

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.

- People's communication needs were met by the service. The registered provider told us people currently using the service were able to communicate their needs, "[People who used the service] are able to verbalise their needs, they don't have communication needs. They are used to me. We form that relationship like a family."
- Care plans included a section for recording people's communication needs. 1 person's care plan talked about some of the reasons why their communication may be limited. This helped staff to better understand the person and communicate with them in a way they could understand. This was confirmed by a relative.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints.
- Relatives were confident that if they had any concerns, they knew who to raise them with and felt able to

approach the registered provider. A relative said, "I haven't been given any cause to make a complaint, if I need to make a complaint I will if care not up to scratch I get it sorted. [I am] Happy can approach [registered provider] with any concerns."

- The registered provider told us, "We tell them if they are not happy it's their right to make it a complaint, if able to resolve it we will if need to escalate. We write an apology letter."
- The registered provider told us there had not been any complaints.

#### End of life care and support

- At the time of this inspection the service was not supporting anyone who required end of their life care.
- The registered provider told us they had previous experience of end of life care, they said, "You have to know how to care for [people], it's a very sensitive moment."



## 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 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; Continuous learning and improving care.

- The registered provider had not developed systems and processes to audit, monitor and review the quality of the service. Records related to people using the service and staff were not accurate or up to date. Risks to people using the service were not fully assessed, risk assessments were not made available during our inspection. Care plans were not person-centred and did not reflect the care provided by care staff. Daily records reviewed did not provide details of the personal care being provided, such as what the person ate or whether they had a bath or shower. Recruitment practice was unsafe, and records were not made available.

- Governance systems were not always robust or effective. Governance systems had not identified the shortfalls we found during the inspection.

- The registered manager was not available throughout the inspection and did not communicate or respond to requests for information and a meeting. We were unsure of the registered manager's status as understood they had left the organisation in December 2021. This was inconsistent with what we were told by the registered provider, who said as far as they were aware the registered manager still worked for the service.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A relative told us communication was good, the registered provider kept in constant contact with them. They also told us the registered provider was approachable and the service was adequately managed.

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 provider was aware of their responsibilities under the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered provider told us, "I think it's about being open about the situation, not closing facts, you owe the duty to be honest at all times. We do this as part of mandatory training"

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

- The service obtained feedback from relatives about the care provided to people. A relative said, "[The registered provider] has asked me if I'm happy with care given? Is it adequate? [I give] verbal feedback as and when." They spoke positively about the registered provider and said they would recommend the service to family and friends.

- The registered provider understood the importance of equality and providing a service that met the diverse needs of people. Care was individualised and tailored to meet people's needs.

Working in partnership with others

- The service worked alongside healthcare professionals to ensure people maintained good health outcomes.