Focus Care Link Limited

Focus Care Link

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
First Care Link (FCL) is a domiciliary care service providing personal care to older people, people with dementia and people with physical disabilities. Not everyone who used the service received personal care. 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. At the time of our inspection there were 108 people using the service.

People's experience of using this service and what we found
Due to an issue with the service digital care planning system, risks in relation to people receiving treatment and care were not always managed appropriately. Quality assurance systems were in place, but these were not effective as they did not identify some of the shortfalls identified during our inspection. We found shortfalls in the implementation of the new digital care planning system. The registered manager told us that the information has not transferred from the old to the new system. This meant there was a risk that care was not always managed appropriately. The registered manager acted on our feedback from the inspection and was in the process of addressing the issues identified.

People told us they felt safe receiving the service and policies and systems were in place to help protect people from the risk of harm, abuse, and improper treatment. Medicines were administered following best practice. Staff told us they felt supported, and we saw that they had been safely recruited, appropriately inducted, trained, and that their competency to perform their role, was assessed. People told us they had confidence in the staff's abilities and that they treated them with compassion.

People's nutritional and hydration needs were met. 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.

People who used the service, relatives and care workers told us that office staff were supportive and addressed any issues most of the time.

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 good (published 2 May 2018)

Why we inspected
We received concerns in relation to missed and late calls and the management of pressure ulcers. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe 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 and Recommendations
We have identified breaches in relation to guidance in how to respond to minimise risks assessed in relation to people receiving care and governance systems within the service.

We have made recommendations for the provider to seek guidance from a reputable source on staff deployment and how calls are scheduled or planned to meet people's needs and on administering time sensitive medicines and the impact this might have on people.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Focus Care Link

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 2 inspectors and 2 Expert by Experience who contacted people who used the service and relations after the visit to the agency's office. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
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
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 August 2023 and ended on 22 August 2023. We visited the location's office on 16 and 17 August 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 after the inspection with 13 people who used the service and 4 relatives to get their view of the care supported by FCL. We spoke with 7 staff this included the registered manager, the branch manager, 1 care coordinator, 1 field care supervisor and 3 care workers.

We looked at 10 care records, which included risk assessments and medicines records were required and 5 staff recruitment records. We looked at a range of other records required to the running and management of the agency.

Requires Improvement

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 good. At this inspection the rating has changed to 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
• Risks in relation to people receiving care and support were assessed. However, plans to manage such risks lacked detail and up-to-date information and guidance to minimise the assessed risks.
• Risk assessments showed that risks such us falls, risk of developing pressure ulcers and risk of malnutrition were assessed and documented in the services electronic care planning system. However, we found that there was little information and guidance for care workers to follow to protect people and ensure people received safe care. We discussed this with the registered manager, who advised us that due to an external data breach in February 2023 the service was forced to change the electronic care plan provider. The registered manager said that this resulted in staff not having sufficient time to learn how to use the new system appropriately and information didn't smoothly transfer from the old to the new provider.
• We saw staff meeting minutes where this had been discussed in July 2023 and the provider made the decision to review and update all risk assessments using a paper-based system until the new electronic system was fully implemented and working. We looked at 2 risk assessments which had been updated and found these contained more details providing care workers with the necessary guidance and information to support people appropriately and safely.
• However, as this work was still ongoing and most risk assessments and care plans had not been transferred to the temporary system, there was still a risk that things could be missed, and we were not fully reassured that people were safe.
• People who used the service and relatives told us that they were not always fully reassured that care workers had the right information to support their needs safely. One relative said, "I rarely feel that my relative is safe with the carers, especially when they are new. I have to take them through everything bit by bit until they understand. My relative often feels uncomfortable with how they [carers] are doing things for him." One person said, "Some of the replacement carers are not so good and I find it exhausting to have to explain how to do things over and over again."
• People who used the service also raised concerns of the inconsistency of regular care workers. While this cannot always be helped due to care workers taking holidays or being off sick the lack of detailed guidance does put people at risk of not receiving consistent, safe and personalised care. The comments made by people demonstrated that the lack of detailed information around meeting people's risks had an impact on peoples, needs not always being met fully.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and Treatment.

Staffing and recruitment

• Care workers were not always effectively deployed to ensure people received their care on time and as agreed with the service.
• We analysed information provided by the service on care calls for the past 4 weeks for all people who used the service. During this time, we found that a high number of the calls were over 15 minutes late and some of the calls were over 45 minutes late. We further found that a high number of calls who required two care workers showed that at least one care worker was over 15 minutes late and some of double handed calls showed only one care worker was available to provide care and support. There was also a higher than expected number of calls were care workers had no traveling time between calls. This showed that care was not always provided to people as agreed and funded by the local authority.
• We spoke with people who used the service and relatives about this and while some people and relatives raised no concerns others told us that care workers were late and did not always stay the time agreed in their care plan. One person said, "I get calls 4 times a day at 9am; 1pm; 4pm & 8pm. They can be a bit late sometimes if they have got held up, but I don't get a call. In fact, they didn't turn up at all at the end of last week – it was 1 lunchtime. When I called the office, nobody had been booked in." Another person said, "I usually get the same carers except on holidays. They have good punctuality and never missed calls."
• Following this inspection the service had provided us with a comprehensive action plan in how to address the issues with late and missed calls during this inspection.

We recommend the provider seeks guidance from a reputable source on staff deployment and how calls are scheduled or planned to meet people's needs.

• The service ensured that staff deployed were recruited safely.
• The service obtained 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.
• The service undertook other checks which included 2 references, proof of address, a full employment history and right to work in the UK documents.

Systems and processes to safeguard people from the risk of abuse
• Systems and processes ensured that people who used the service were protected from the risk of harm and abuse.
• Care workers spoked with told us that they had received training in safeguarding people and said they were confident that if a person came to harm the service would take the appropriate actions. One care worker said, "I had my training as part of my induction and would report everything to the office. I never had any issues to report but I feel confident that they [office] would do something about it once I have reported it."
• People who used the service and relatives raised no concerns about harm and abuse. One person said, "I'm liking the care I get at the moment and feeling safe. I think the staff are very aware of risk issues."
• The service was aware of their responsibilities in ensuring that people were safe, and we have received safeguarding alerts which the provider was required by law to share with the Care Quality Commission (CQC).

Using medicines safely
• Overall people's medicines were managed safely.
• Care workers received training in medicine administration and told us that they were observed by a field supervisor to assess their competency.
• The service had a system to monitor medicines were administered safely.
• People's medicines were recorded in people's care plans, however, due to the ongoing issues with the new electronic care planning system information in records lacked detail.
• Overall, people raised no concerns around their medicines and feedback was generally positive. However,

1 relative told us that due to staff being late their relative had received a time sensitive medicine later than prescribed. The person said that they had raised this with the office and since then this had been addressed.

We recommend the service sought guidance from a reputable source on administering time sensitive medicines and the impact this might have on people.

Preventing and controlling infection
• The service ensured people who used the service were protected from the spread of infections.
• Care workers told us that they had access to a good supply of personal protective equipment (PPE), which included gloves, masks and aprons.
• Care workers had received training in infection prevention control (IPC) and told us that they would use PPE as and when required based on government guidance.
• People who used the service told us that staff would use PPE. However, 1 relative told us that occasionally care workers would run out of gloves and they had to use their own personal supply.

Learning lessons when things go wrong
• The service had systems to monitor accidents and incidents to respond appropriately to trends and patterns.
• Care workers spoken with told us that they would report accidents and incidents to the office and were receiving support to appropriately to respond to such events.
• Accident and incident records viewed as part of this inspection showed that appropriate actions were taken and discussed with care workers to provide support and take actions to minimise the risk of such reduce the risk of these happening again in the future.

Good

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed as part of the initial referral received from the local authority.
• A care supervisor told us, "I will visit new clients after we [FCL) have received the referral from Camden. Part of the first visit is to assess what the client needs are and getting to know them. This information will be included in the care plan." One relative said, "My relative is assessed regularly for any changes in her health with a view to updating the care plan if required."
• Care records viewed showed that people's needs were assessed. One person said, "My care plan is also discussed, and I have full involvement."

Staff support: induction, training, skills and experience
• Care workers and staff had access to training and were provided with regular supervisions.
• Care workers told us that they had received the relevant training to understand their role and peoples support needs better. Training provided included safeguarding adults, manual handling, first aid and medicines awareness. We viewed the training matrix which showed that training was provided every quarter, this ensured that all staff had regular access to the training provided.
• One care worker said, "I have done a lot of training since I have been working with FCL. I also meet with the field supervisor for one-to-one meetings, unannounced spot checks and we have meetings every so often." We viewed the supervision matrix provided by the service which demonstrated that regular supervisions were provided for staff.

Supporting people to eat and drink enough to maintain a balanced diet
• Where required people were supported to eat and drink by staff.
• People who used the service and relatives told us that care workers would help them with their shopping or prepare their meals if this was part of their care package. One person said, "I get supported with meals and drinks both from the carers and the neighbours."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Health care appointments were usually arranged by relatives or the person themselves. However, if the care package required support the care workers will assist people.
• Care workers told us that in case of an emergency they will contact emergency services and the office for support and advice.
• Information about people's health care support needs were documented in care records. One care worker said, "Usually relatives will deal with doctors, appointments, but if anything changes, I will call the office and

they will sort it out."

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
• People who used the service were not deprived of their liberty. People who lacked capacity had relatives to act on their behalf. If a lasting power of attorney had been appointed by the Court of Protection, the service was provided with this information from the relatives.
• People who used the service told us that they felt involved and that care workers explain things. However, this occasionally was difficult due to a language barrier. One person said, "It is sometimes difficult to understand the carers, but we work together and work it out."

Requires Improvement

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 good. At this inspection the rating has changed to 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
• The service had systems to audit and assess the quality of care provided to people. However, during the inspection we found issues around call monitoring and the new care planning system which didn't provide care workers with sufficient detailed guidance to manage risks assessed in relation to people receiving care.
• The service quality assurance processes did not highlight the shortfalls we have found with late and missed calls. The provider only took action to address the shortfalls after our inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, good governance.

• Following the inspection, the service provided us with work they have started to ensure risk management plans were updated temporarily in handwritten format until the new digital care planning system was fully operational and implemented.
• We were provided with an action plan to assure us that care calls were regularly monitored to respond, and address missed and late calls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The service promoted an open, inclusive, person-centred culture.
• People who used the service spoke positively about FCL. One person said, "I think I have a long reliable good track record with this agency over 5 years. They have been brilliant from day 1. The carers have been very effective in helping to understand my care needs through regular discussions. There are no language barriers. The management is brilliant. I can't knock it at all. They are there when you need them, and I can contact the office at any time. I would recommend the agency without hesitation."
• Some relatives shared slightly different views with us. While they told us that they were overall satisfied with the way they communicate with the FCL. They told us that at times the office staff could provide them with more clarity around staffing and sharing rotas with them. One relative said, "The management is ok, but I would like the agency to be more informative and letting us know how they operate and why they do certain things. I'm still very happy with the care overall."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The registered manager understood their responsibility under the duty of candour. We noted that the service notified the CQC and local authority and worked together with local commissioners to make quality improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The management team was open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.
• The provider was committed to protecting people's rights regarding equality and diversity.
• People's feedback was sought and acted upon.

Continuous learning and improving care; Working in partnership with others
• The service worked in partnership with other professionals and agencies to enable effective co-ordinated care for people.
• There was a friendly, open, positive, and supportive culture throughout the service. Care workers told us the registered manager; field care supervisor and care coordinator were always available for advice and guidance and led by example.
• Care workers told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance. One care worker told us, "FCL is a great place to work, the office staff is very supportive and helpful."

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users by ensuring the provider was doing everything reasonably practicable to mitigate risks in relation to people receiving the regulated activity. Regulation 12 (1) (2) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have well established and effective systems to monitor and assess the quality and safety of the services provided. Regulation 17 (1) (2) (a)