Focus Care Link Limited

Focus Care Link

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Focus Care Link is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. Not everyone using Focus Care Link receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection over 100 people were receiving personal care from the service. People who use the service live in Camden, Islington, Barnet and the surrounding areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last visited the service on 7 and 8 July 2017 the service was rated Good overall, with a 'Requires Improvement' rating in the safe question. This was because individual risks to people were not always assessed and medicines were not always managed safely.

At this inspection we found that the service had made improvements to ensure people were safe. People told us they felt safe with care workers from Focus Care Link. People had up to date risk assessments in place which included guidance for care workers on how to reduce and manage risk. Medicines were well managed and recorded. The service had followed safe recruitment processes to ensure they only employed suitable staff. Care workers were aware of their duties in relation to infection control when working in people's homes. Care workers had received training in safeguarding adults and understood their responsibilities to identify and report any concerns.

We received mixed feedback from people receiving care. Some told us staff arrived on time, and others said this was not always the case. The registered manager acknowledged that punctuality was an area the service was always seeking to improve and she shared with us the various improvement strategies that had been introduced to improve punctuality.

The service carried out appropriate pre-employment checks to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Care workers received regular supervision and appraisals that helped them to perform their duties. They also received spot checks from care coordinators whilst they were working with people.

Care workers understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the service provided care to them.

People's nutritional needs were met by care workers who would cook meals for those who required this type of support.

The service supported people to access healthcare services. Staff sought healthcare professional advice and input when needed.

Care workers were kind and caring. People receiving care and their relatives told us care workers were considerate and respectful. People were involved in planning their care and support.

People received care in line with their assessed needs. The service reviewed people's needs and ensured care workers had sufficient guidance to meet their changing needs.

People had opportunities to share their views about the service. The service acted on people's feedback to improve service delivery. People knew how to make a complaint should they need to.

The registered manager used a variety of methods to assess and monitor the quality of service provided to people. These included regular internal audits of the service, surveys and spot checks to seek the views of people about the quality of care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been carefully recruited. There were enough staff to meet people's needs. However, improvements were needed to ensure that all weekend calls were made at times agreed.

There were systems in place to protect people from the risk of harm.

Appropriate steps were taken to safeguard people against abuse.

The service ensured people were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People were provided with good care by care workers who were well trained and supported in their roles.

The service assisted people, where required, in meeting their health care and nutritional needs. People managed their own food and meals but care workers were available to provide support if this was required.

The service worked together and with other professionals, in coordinating people's care.

Systems were in place to ensure people consented to their care. Staff understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness by care workers. Care workers received training in privacy and dignity. The service

undertook spot checks to assess if care workers were treating people with dignity.

Care workers understood people's needs and involved them in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care was planned in line with their needs. Their records of care showed that they received personalised care that was responsive to their needs.

There was a review process in place to ensure care accurately reflected people's changing needs and wishes.

People knew how to make complaints. Records showed that complaints were investigated and responded to in line with the service's policy.
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Is the service well-led?

Good

This service was well-led.

There were measures in place to monitor the quality of care people received. Care workers told us they felt well supported by managers.

There was good leadership which ensured care workers received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

Focus Care Link

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave 48 hours' notice to be sure the management would be in the office and available to assist the inspection.

This inspection took place on 10 November 2017, and was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was talking with people using the service to ask them their views of the service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection we spoke with 13 people using the service and four relatives to obtain feedback about their experiences of the service. We spoke with the registered manager, care coordinators, and care workers. We examined eight people's care records. We also looked at personnel records for seven members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run. We then requested further specific information about recruitment from the registered manager following our visit.

Good

Is the service safe?

Our findings

At our inspection in July 2016 we found the service was not safe and we rated the provider as 'Requires Improvement' in this key question. We found risks to people's health and safety were not safely managed. At this inspection we found improvements had been made.

We looked at people's files and found they were up to date. They identified people's individual risks and steps care workers needed to follow to make sure people were safe. A range of risks were identified for different people, including epilepsy, choking and mobility issues. For example, one person was identified to have reduced mobility and at risk of falls. We saw the care plan identified steps needed to support the person. The same approach was taken for other risks and care workers were knowledgeable of steps to take to reduce risk. Care workers were trained in first aid, should there be a medical emergency.

The service had systems in place to ensure proper and safe use of medicines. Care workers had the knowledge they needed to support people with their medicines. We asked people if they were supported to take their medicines at right times. Their responses were unanimous. One person told us, "I take [medicines] every day. [Care workers] check I have taken them." Another person told us, "I take [this medicine]. Care workers support me to take at the right times." Care workers had completed training in order to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.

We asked people if they felt safe in the presence of care workers and their comments included, "Yes definitely"; "Yes I feel safe, [staff] are really good"; "Yes [staff] are very attentive; "I feel safe. I trust the [staff] I have" and "Yes staff are very good." A relative told us, "Yes, [my relative] is safe. She has good carers. Staff are very careful with my [relative]." Another relative told us, "My relative is safe. She receives one regular care worker six days per week. The care worker is very efficient and indispensable.

There were enough staff at the time of this inspection to support people safely. We looked at how the service assessed its staffing requirements. People's care records contained an assessment of their needs. This information was used to identify the number of care workers and frequency of visits to ensure these needs were met. This information was entered into an automated staff rostering system, which automatically produced the rota taking into account of staff absences, skillsets, and people's preferences. Care coordinators were responsible for managing staff visiting diaries. The registered manager told us they were in the process of changing the rostering system as it did not allow care coordinators to review in real time whether people were receiving their visits at the planned time.

During this inspection people's feedback around the timings of calls was mixed. One person told us, "The weekday care workers are usually on time. There are no missed calls. The care workers are brilliant." Another person said, "My care worker only came late on the first day because she didn't know the house." A third person said, "Our regular care worker is on time. There are no missed calls." A relative told us, "The weekday care workers arrive on time. One care worker has been with [my relative] for many years. This care worker is always on time." However, other people reported late visits. One person told us, "The weekend care workers

are not punctual and there has been a missed call." Another person said, "Care workers come twice a day, sometimes they are late due to public transport." We saw evidence all late visits were investigated, including how they occurred, and actions taken to prevent reoccurrence. One person told us, "There has been a missed call on a Sunday. The company responded and this has not happened since."

We discussed this feedback with the registered manager and she acknowledged that punctuality was an area the service was always seeking to improve. She stressed that covering short notice absences as a result of sickness and annual leave could be a challenge. She described some actions that the service was undertaking to manage this challenge. The service was in the process of changing its current rostering system for one that allowed care coordinators to review in real time whether people were receiving their visits at the planned time. This would enable accurate monitoring of late and missed calls. The service had also introduced a bicycle loan scheme for care workers to minimise the impact of traffic congestion.

We looked at how the service protected people from the risk of abuse. There were safeguarding and whistleblowing policies and procedures in place. All care workers had received training on how to identify abuse and could describe the different types of abuse. They described the different ways that people might experience abuse and were clear of the actions they should take if they were concerned that abuse had taken place. They were aware they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

We examined the recruitment information for seven care workers. Records showed that pre-employment checks had been carried out. These included Disclosure and Barring checks (DBS), which we established had been completed prior to commencing work. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. Other documentation required were at least two references and proof of identity. These checks helped to ensure only suitable applicants were offered work with the service.

Care workers followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. Care workers had received training on infection control. They told us they wore personal protective equipment (PPE) such as aprons and gloves when supporting people with their personal care, to reduce the risk of cross infections.

Good

Is the service effective?

Our findings

People told us they felt the service was effective. They said staff understood their needs and had the skills to meet them. One person told us, "The [care workers] who come to me know what I need." Another person said, "Care workers are well trained. They know what they are doing and they are very efficient." A relative told us "Staff are respectful and listen to my relative. They ask her what she would like to eat. If she does not feel like eating her meal they will get her something else."

People's health needs were met. People had their needs assessed across a wide range of areas, including their medical and health needs. The care records documented how their needs were met. Individual plans were in place for these areas and we saw specialist input from other professionals had been obtained. We asked people whether they were supported by the service to see a GP or any healthcare professional. One person told us, "Care workers support me if I am unwell. I have had [accidents] and care workers have called an ambulance and came with me to the hospital." Another person told us, "The doctor is round the corner care workers take me if I wanted to visit." A third person told us, "I had a fall and the carer called an ambulance." People's care records contained information on hospital appointments and consultations with relevant healthcare professionals. We saw that some people or their relatives were able to contact healthcare services independently.

The service had effective training systems in place. Staff demonstrated they had the knowledge and skills necessary for their role. New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Care workers were able to shadow more experienced staff until they felt confident to provide care on their own. This meant they could be prepared before they carried out a visit on their own. Staff told us they had regular supervisions with their line managers and we saw evidence of this. Staff who had been at the service for longer than 12 months also received an annual appraisal. Care workers also received spot checks to monitor their performance when caring for people. Their competency had been assessed following training to ensure this was effective. A care worker told us, "I couldn't be more supported." This view was shared by other care workers we spoke with.

Records showed care workers received regular training and support which enabled them to carry out their roles. Care workers had received training when it was due. This included, safeguarding, moving and handling, infection control and first aid. Staff members were knowledgeable about people's individual needs and preferences and how to meet these. People told us they thought staff were well trained and had the skills needed to support them. One person told us, "[Staff are well trained]. My care worker comes [on specific days] and carries out her duties. She is very reliable." Another person said, "[Care workers are well trained]. They are very good." A third person told us, "My care worker is very well trained. I think she is an expert." Care workers told us they were encouraged to undertake nationally recognised qualifications in care which helped to ensure they were competent in their roles. A care worker told us, "The service is very supportive. I have completed all essential training. I have completed a national vocational qualification that was funded by the service."

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Care plans were signed by people and showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support. We asked people if they were involved in decisions about their care and if staff asked permission before carrying out any care. Their comments included, "Yes of course they are very careful they talk through what I can do and what I need help with", "Care workers ask permission before delivering personal care. They are considerate" and "Care workers usually ask for consent before delivering personal care."

Whilst we saw in most examples people, their relatives or friends were able to prepare their meals, the service supported people to prepare and eat their meals where this was required. Feedback from people included, "My [relative] makes my meals", "I have a friend who helps me to cook", "I do everything myself or my daughter or friend keep me stocked up with food", The care workers help me with my hot meals", "I make meals with help from my care worker" and "I do my own meals. I eat well I am particular about what I eat." Care workers recorded how much people had eaten or drunk. This enabled the person's relative and relevant persons to monitor their well-being.

Good

Is the service caring?

Our findings

People and their relatives told us that care workers were very kind and caring. Comments included; "Care workers are kind and they treat me with respect"; "[I have a medical problem]. Care workers ask me how I feel", "Care workers are very friendly and helpful" and "Of course, care workers are kind and caring, otherwise they wouldn't be here." Relatives were as complimentary. One relative told us, "Care workers are caring and respectful, they ask what [my relative] would like and they listen to her."

Care workers told us about how they had built good relationships with people. A care coordinator told us the service matched care workers to meet people's preferences in terms of gender, culture and language. This meant that care workers were able to build relationships with the people they supported that were meaningful and based on shared understanding. We noted from people's comments that they had a good relationship with staff. Their comments included, "I have the same care worker all the time", "I am more settled now. My care workers know me" and "I have a care coordinator and I speak to her if I need anything." People were able to say if they preferred a different care worker and action was taken by the service.

People were supported to maintain friendships and important relationships. People's care plans contained details of the people who were important to them. People told us friends and family visited to support with some household chores. Sometimes relatives prepared meals for care workers to give to their relatives. People's comments included, "I have friends to sort some things for me", "My [relative] lives here with me. We make meals together" and "I have support of my relatives. They make my meals."

People told us how care workers promoted their privacy and dignity. One person told us, "We are used to each other. Care workers are very good. They respect my privacy." A relative said, "Care workers treat my relative with dignity and respect. They respect my relative's privacy." Care workers were able to describe how they protected people's privacy and dignity, including making sure doors were closed and curtains drawn when undertaking personal care. Care workers were also mindful of the fact people's homes were people's private space. There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety. Some staff obtained keys to some people's homes if people preferred not to answer their door bell.

Guidance on protecting confidentiality formed a key part of the induction training for all care staff. Confidential information, such as care records were only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's care records showed they were consulted before their individual care plans were written. We saw evidence that care coordinators visited people to find out about them and the care they needed before people could receive care. One person told us, "Staff came round and wrote down what I needed [before I started to receive care from the service]." Another person told us, "I was visited whilst I was in the hospital, and after that my care plan was completed ready for me to go home." A third person told us, "I did my care plan with [Focus Care Link] and my daughter." Care workers knew people well and were able to describe to us how people liked to be supported.

Care plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support were provided. We identified from care records that people were encouraged to speak in depth about their needs. For example, we saw from care plans that open ended questions were used to allow people to describe their preferences in a more detailed way. People were able to discuss their care needs and how they liked to be supported. People were asked how they would like to be supported. One person described the difficulties they had in carrying out domestic chores due to reduced mobility. We identified the mobility needs of this person had been carefully assessed and recorded in their individual care plan which contained guidelines for care workers to follow. This person centred approach was evident in the other care plans we looked at. This ensured that care delivered was consistent and respected people's preferences.

Care plans were being regularly reviewed to ensure they accurately reflected people's changing needs and wishes. One person told us, "Staff visited every three months to update my care plan." Another person told us, "I get visits from Focus Care Link." A third person told us, "There are regular reviews to ask how things are going. This happens a couple of times a year." A relative of one person told us, "Staff visit every six months and ask about [my relative's] needs before updating the care plan." In a survey that was carried out in June 2017, people mostly felt their care was reviewed regularly and that care workers responded promptly when they requested for help. We saw people's care plans were reviewed and updated.

There were arrangements to make sure people's concerns were listened and responded to in order to improve the quality of care. People told us that they would feel able to raise complaints with care workers or the management. Some people told us they had not needed to make a complaint about the service. One person told us, "I have not had any complaints at all." Another person had raised a concern when a care worker had not arrived on time. This was resolved by the service and was not repeated again. There were other examples, where the service had taken necessary action following complaints. The service had a complaints policy. This described how people could make a complaint and what they should expect. The complaints procedure was sent to people at home.

Care workers and management understood the importance of promoting equality and diversity. A relative of one person told us, "Cultural and religious needs are respected. Care workers will wait if [my relative] is praying." People's methods of communication were clearly noted on care plans, as necessary. They enabled

staff to communicate with people in the way they needed to and noted how people should be provided with information about the service and their care.

Good

Is the service well-led?

Our findings

A registered manager was in place at the time of our inspection and was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People knew the registered manager and felt the service was well run. One person told us, "I know her first name. I have spoken to her a few times. She is a very nice woman." The care workers were also complimentary. Their feedback included, "The manager makes sure we are okay"; "The manager is always pleasant. She remembers all our names"; "She comes during visits to make sure we are okay"; and "The manager is approachable. We can contact her at any time."

We spent some time speaking with the registered manager about various aspects of the service. We found the registered manager to be well-informed about people's needs. She could tell us knowledgeably about the support people were receiving. She was equally familiar with important operational aspects of the service. The service had a clear management structure in place with designated teams of care coordinators to support people and care workers. We also found care coordinators to be well-informed about their roles and so were the care workers. This was evident to us throughout the inspection.

The service promoted an open culture by encouraging staff and people to raise any issues of concern. We saw a record of regular staff meetings. The meetings were a two-way process where staff felt confident to raise issues and we saw they were supported when they did. Care workers told us their feedback was valued and acted upon so that the service could work to improve. A care worker told us, "We complete feedback forms anonymously." Another care worker told us, "We can raise any concerns and the management listen to us."

There was a quality assurance processes in place which included regular audits. All staff received regular spot checks of their work and supervision sessions. A member of staff told us, "The care coordinators will make unannounced visits. It is always nice to get feedback so that we can improve." Another care worker told us, "Spot checks provide a fresh pair of eyes. Managers can suggest alternative ways of doing things."

The service had quality assurance systems in place to assess and monitor the quality of service provision. From the records we viewed we saw that accidents and incidents were documented in a timely and appropriate manner in line with the services policy and guidance. The registered manager carried out an analysis of any accidents and safeguarding issues to determine any emerging themes. The results of these were shared with staff to raise awareness of identified areas of increased risk within the service.

We found the service was willing to make improvements in order to provide a high quality service. For example, the service had made improvements following a local authority monitoring visit in January 2016. The service also carried out improvements following quality audits and surveys.