

Carefocal Ltd

Carefocal

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Care focal is a domiciliary care agency which provides care to people in their own homes. 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 the inspection 27 people were receiving personal care.

People's experience of using this service:

Risks were not always identified or updated, and risk management plans were not in place to manage these risks. People's medicines were not always safely managed. People who had a 'Do Not Attempt Resuscitation' form (DNAR) in place, did not have information in their care plans about where in their home this could be located. The provider's recruitment process was not robust, and staff were not always recruited in line with the recruitment policy. Assessments were carried out prior to people joining the service but they did not always ensure that people's needs could be met and were not used to develop care plans. People and/or their relatives were not involved in planning their care and support and care plans were not always updated. People's capacity to consent to their care and support was not documented. People who had a lasting power of attorney did not have these details recorded in their care plans. The provider's quality assurance systems were not effective. Feedback was sought from people about the service, but the provider did not always act upon shortfalls identified.

People told us they felt safe. There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse. People were protected from the risk of infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were supported through training and supervisions. Staff supported people to eat and drink enough to meet their needs. The provider did work within the principles of Mental Capacity Act (MCA). People had access to healthcare professionals when required to maintain good health. The provider worked in partnership with other healthcare agencies.

Rating at last inspection:

This service was registered with us on 08/04/2020 and this was their first inspection.

Why we inspected:

The inspection was prompted in part due to concerns received about neglect, late visits, lack of risk assessments and poor medicine management. A decision was made for us to inspect and examine those risks.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed

We have identified breaches in relation to safe care and treatment, person-centred care, fit and proper persons employed, and good governance.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Two inspectors and an expert by experience carried out this inspection. 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 homes. It provides a service to older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection site visit took place on 03 and 04 February 2022 and was announced. We gave the service 24-hours' notice of the inspection visit, because we wanted to be sure the office staff would be available for the inspection.

What we did:

Before the inspection: We reviewed information; we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they make. We took this into account when we inspected the service and made the judgments in the report.

During the inspection:

The registered manager was not available on the days of the inspection. We spoke with four people and one relative to ask their views about the service. We spoke with three members of care staff, the care manager and the care coordinator. We reviewed records, including the care records of seven people using the service, recruitment files and training records for seven staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

After the Inspection:

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management.

- Risks to people were not always identified and risk management plans or guidance for staff was not always in place in relation to choking, falls, medicines and moving and handling. For example, one person was at risk of choking, there was no risk assessment in place or guidance for staff on how to minimise this risk or what to do should the person become unwell. Staff had not consulted a Speech and Language Therapist to obtain advice for staff on the measures that needed to be in place to try and prevent the person from choking.
- The care manager told us that one person suffered from a respiratory condition. However, there was no risk assessment in place, guidance for staff or any information about this condition recorded in the person's care plan to ensure they received the care and support they required.
- We saw that one person needed two staff members to mobilise, however, their relative told us, "Both staff don't usually turn up at the same time, one is always late. So, my [relative] is moved by only one staff member which is not safe".
- Some people were at risk of falls; there were no falls risk assessments in place or guidance for staff on how to minimise these risks.
- People who had a Do Not Attempt Resuscitation form (DNAR) in place, did not have information recorded in their care plans about where in their home this could be located.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the care manager informed us that they were in the process of updating all risk assessments and updating care plans with people's DNAR information. We will check this at our next inspection.

Using medicines safely

- Medicines were not always safely managed. Medicine risk assessments and risk management plans were not always in place. For example, there were no risks identified or guidance in place for staff as to what they should do if people refused their medicines.
- People who had prescribed topical creams, did not have these recorded on their Medicine Administration Record (MAR). This meant we could not be assured that they were being administered as prescribed.
- People's care plans recorded contradictory information about their medicines. For example, care plans

recorded people were self-administering prescribed topical creams when in fact, staff were administering these.

- One person's care plan documented that they required supervision and needed to be prompted to take their medicines. However, this person did not require any support with medicines. Another person was having some of their medicines administered by staff and some by family. Therefore, the provider could not be assured that the person was receiving all their medicines as prescribed when it was being administered by family.
- We found that some people's care plans either did not list their current medicines or had a list of their medicines that was out of date. For example, one person had stopped taking a medicine some time ago, but this was still listed as one of their current medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust manage medicines safely. The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the care manager informed us that they were in the process of updating people's medicine lists and recording prescribed topical medicines on people's MARs. The care manager also told us that they would be clearly establishing whether staff or family were going to be administering medicines for some people. We will check this at our next inspection.

Fit and proper persons employed. Further staffing concerns are covered under Well-Led

- The provider did not have a robust recruitment process and staff were not always recruited in line with this. Appropriate checks were not completed to ensure staff were of a suitable character to work with vulnerable people. Application forms were not always completed in full, with gaps in work and education histories. References were not obtained in line with the provider's recruitment policy.
- When potential staff were interviewed, they were more often than not advised that they had been successful at the time of interview and without the interview process being completed in full.
- There were no documents to confirm that staff from a non-care background had shadowed more experienced staff before they were ready to work independently.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we established that once staff actually started working, they did complete an induction. The care manager told us in future they would ensure that they employed staff in line with the service's recruitment policy. We will check this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training, knew the types of abuse to look for and who to report concerns of abuse to. Staff told us they were confident that the registered manager would take appropriate action in taking the concerns forward. On staff member said, "I know that management would follow up any concerns."
- The care manager demonstrated that they were aware to notify CQC or the local authority of any abuse allegations, in line with regulatory requirements.
- People told us that they feel safe. One person said, "I feel safe enough with the care that's provided."

Preventing and controlling infection

- People were protected against the risk of infection. Systems were in place to prevent and minimise the risk of infection. Records showed staff had completed infection control training.
- Staff had access to personal protective equipment (PPE) which included aprons and gloves. One staff member said, "I wear full PPE, which includes masks, gloves, aprons and shoe covers. I also wash my hands regularly and use hand sanitiser."
- There were ample supplies of PPE, which staff could collect or have delivered to them as needed. One relative told us, "Their [staff] hygiene is very high standard". They all wear the appropriate protective clothing and gloves".
- Regular staff testing for COVID-19 was undertaken, to keep people safe and minimise the risk of transmission.
- Staff had been provided with regular, updated government guidance about working safely within the pandemic.

Learning lessons when things go wrong.

- The provider had policies and procedures on reporting and recording accidents and incidents. Accidents and incidents were appropriately recorded and investigated in a timely manner, including the actions taken and the measures put in place to prevent such incidents in the future. The care manager told us that they would disseminate learning to staff during staff meetings.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always fully assessed. The provider did not complete comprehensive assessments for people. We found a limited overview of people's care needs in documents which did not support staff to fully understand people's needs.
- Referral information from the local authority that commissioned the service were not always used to produce individual care plans so that staff had the appropriate information to meet people's individual needs effectively.
- People or their relatives were not involved in planning their care and support. Care plans were not reviewed regularly and were not signed by people or their relatives to consent to their care. One person said, "I haven't been involved in any care plan". I would like to be more involved really. Nobody has been here to give me a care plan." One relative said, "Nobody is checking up on my [relative's] care plan and there are a few issues that need to be addressed." Care plans audits were not carried out to identify shortfalls.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the care manager told us that they would be ensuring that people or their relatives were involved in a care plan review and that they signed the care plan to agree their care. We will check this at our next inspection.

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

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Care plans had a document that required completing if people had a lasting power of attorney (LPA) in place. However, three of the care plans we reviewed did not have this information recorded. On relative told

us, "My [relative] has a lasting power of attorney in place and although I have told management about this, they have not asked for a copy of the document which they need". A lasting power of attorney gives the service users' designated person rights to make decisions on their behalf. If, the provider does not have this information recorded in people's care plans, they will not know who to contact when certain decisions need to be made.

- People who had a 'Do Not Attempt Resuscitation' form (DNAR) in place, did not have information in their care plans about where in their home this could be located. This meant that in an emergency health professional would not know whether or not a person wanted to be resuscitated.

Following the inspection, the care manager told us that they would ensure that the documentation in people's care plans regarding the lasting of power of attorney and DNAR forms would be completed by contacting all people or their relatives to obtain the information. We will check this at our next inspection.

- The care manager and staff understood their responsibilities in relation to meeting the requirements of the MCA.
- People told us that they could make decisions about their daily care, for example in relation to their food and clothes and they had not experienced any restrictions.
- People's rights were protected because staff sought their consent before supporting them and explained how they would be assisting them. One staff member said, "I ask for people's consent before helping them and I also give them a choice of what they would like to wear or eat."

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to support them with their individual needs. One person said, "I think the carers are very well skilled." Another person said, "My carers are very competent in what they do for me."
- Staff training records confirmed staff were up to date with their mandatory training which included safeguarding, medicines infection control, health and safety, mental capacity, equality and diversity and food hygiene. One staff member said, "My training is up to date, we do a lot of training".
- Records confirmed that staff were supported through regular supervision in line with the provider's policy. At these supervision sessions staff discussed a range of topics including their objectives, performance, training and the people they supported. One staff member told us "I am up to date with my training. I have regular supervisions where we discuss my role, performance, challenges and support I may need."

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

- Staff supported people to eat and drink by heating up microwave meals and preparing drinks and sandwiches.
- Staff knew the level of support people required with eating and drinking and told us if they had any concerns regarding a person's eating and drinking, they would report to the office. One staff member said, "We don't cook meals from scratch but heat meals in either the microwave or oven"

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

- Staff worked in partnership with other healthcare professionals to plan and deliver an effective service. This included, GPs, and district nurses.
- People and their relatives were responsible for booking and attending healthcare appointments. However, if they required staff support, this would be provided. One person said, "We liaise with district nurses and follow their instructions."

Is the service well-led?

Our findings

Well-Led – this means 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.

Continuous learning and improving care

- The provider's governance of the service was not effective or robust. There was a lack of oversight, leadership and governance at the service. The provider was not aware of the majority of the concerns we raised during the inspection.
- Care plans were not completed or were not accurate. The provider did not always carry out risk assessments to identify risks to people and minimise these risks effectively in relation to choking, falls and moving and handling. Risk management plans were not always in place to provide appropriate guidance for staff to minimise risks and what to do if people became ill.
- The provider did not carry out consistent spot checks on their staff to establish whether staff dressed appropriately, wore uniforms and badges, followed infection control procedures and if they were punctual and if daily notes were completed. One 'spot check' recorded that the staff member was late for a call, and that the result was that staff member would have on-going weekly 'spot checks'. However, there were no documentation to confirm these 'on-going spot checks' had taken place.

The provider had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The provider did not have oversight or a system in place to monitor staff attendance and punctuality. The care manager told us that presently they relied on staff or people using the service to inform them if calls were going to be late.
- Records showed that staff were not always deployed effectively to meet people's needs in a timely manner. Some people and their relatives told us that staff were often late. One person said, "The staff have been late frequently. I've been contacting the senior staff at the office and they just apologise, but nothing really changes. A relative told us, "As a relative, sometimes I'm kept in the dark as far as the visiting times and the staff don't let me know when they are going to be late".
- Records showed people using the service were not allocated a specific time slot for their calls. They were told and we saw that care plans documented whether staff would attend am, lunch, tea or night and the time period for the call, such as 30 minutes. This meant that people did not know the exact time period

during when staff would be attending. This also meant that they may not receive their medicines as prescribed with the appropriate amount of time between doses.

- One person said that they often missed their lunch and had to prepare it themselves because they did not know when staff would arrive. This person told us, "The staff arrive at 2pm to give me my lunch by which time it's too late as I've already missed it". When I have my breakfast at 7:30 it too long to wait for my lunch if they don't come at 12pm. Some staff turn up and some don't and that gets me down at the moment". Another person said, "I'm very annoyed.... I have to do my own lunch with I'm not happy about".

- People and their relatives told us that they did not have consistency in staff. One person said, "I keep getting different people coming to visit and I don't know who to expect". "I'm just totally confused and don't know where I am with the staff". Another person said, "The only problem is I have to keep telling them [staff] what care I need because they keep changing staff all the time. I want regular people".

- One relative said, "Staff are supposed to finish calls by 8pm, it was verbally agreed that they would come at 7.30pm to put my [relative] to bed. But they come at 6.45pm sometimes and that not right, cause my relative could be in bed for 12 hours before their next morning call"

The provider did not have oversight or a system in place to monitor staff attendance and punctuality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the care coordinator showed us the new electronic monitoring system that they had invested in and that was going to operational shortly after the inspection to ensure staff attendance and punctuality was robust. We will check this at our next inspection.

- There was a registered manager in place, however, they were not available on the day of the inspection. However, the care manager demonstrated that they were aware of the provider's responsibilities as a under the Health and Social Care Act 2008. They understood the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating. They also understood the duty of candour requirements.

- Staff told us they had access to support and advice from the management team when they needed it, including an on-call number for use out of office hours. One staff member said, "The managers are brilliant they are only a phone call away".

- People and their relatives were positive about the management of the service. One person said, "I think the management is very good". One relative told us, "I think the management are approachable".

Engaging and involving people using the service, the public and staff,

- Staff attended regular team meetings. Minutes from the last meeting in December 2021 showed areas discussed included people using the service, late calls and training. One staff member said, "I attend team meetings, it's a chance to get to together and share best practice."

- The care manager said that they would soon be introducing telephone monitoring checks and sending out an annual survey later this year to obtain people's feedback about the service. We will check this at our next inspection.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and healthcare professionals such as GPs and District Nurses to provide joined-up care.

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People needs were not always fully assessed. Care plans were not reviewed regularly and were not signed by people or their relatives to consent to their care. Referral information from the local authority was not always used were to produce individual care plans.</p> |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always identified and effectively managed. Medicines were not always safely managed.</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance of the service was not effective or robust.</p> |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Appropriate checks were not completed to ensure staff were of a suitable character to work with vulnerable people.</p> |

