Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Focus Care Link

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Date of Inspection: 19 August 2013

Date of Publication: August 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Focus Care Link Limited
Registered Manager	Ms. Sherrie Noibi
Overview of the service	Focus Care Link provides domiciliary care services to people with a range of needs. At the time of the inspection around 120 people were using the service and a similar number of care workers were employed by the provider. Most of the people who used the service lived in Camden, although care and support was also provided to people in Haringey and Islington.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service and carried out a visit on 19 August 2013.

What people told us and what we found

We carried out this inspection on the 19 August 2013. We had received information suggesting that new recruits had limited English skills which affected their training and induction. In addition, the general quality of training given to new staff by the provider had been called into question. We were also informed that some new staff members started work before their DBS (Disclosure and Barring Service, formerly Criminal Records Bureau) checks had been completed.

We spoke with the registered manager, an administrator and a care co-ordinator and looked at records of the recruitment process, staff files and training records.

We found evidence to show that the information given to us was unsubstantiated and that the provider was meeting the relevant standards.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We had received information alleging that some new recruits had very limited English skills which meant they could not understand the training given to them. We discussed this with the manager who informed us that all applicants were asked to complete the Skills for Care Literacy and Numeracy Initial Assessment Tool. This involved a written test which was marked by the provider's administrator. Those who failed the assessment did not continue with the recruitment process. The manager and administrator showed us completed assessment test papers from the last two months, which confirmed that nine applicants had been rejected following the assessment. The manager also told us that by arrangement with Camden Council recruits had access to training courses to improve their English language skills. The manager said the provider actively encouraged applications from workers from different backgrounds and with knowledge of various languages. This was because many of the people using the service used English as an additional language and the provider made an effort to match care workers with appropriate communication skills with people using the service.

We had been informed that some new recruits had started working before their DBS checks had been completed. At our last inspection, in April 2013, we had inspected the provider's staffing records and saw that DBS checks had been carried out for all workers except one, who had been on maternity leave.

At this visit, we asked the manager whether any new staff members had been allowed to start work before the DBS checks had been completed. The manager told us that in all cases the DBS results were returned before workers commenced their duties. We again inspected the DBS records for all staff and noted that they were well-maintained and up to date. There was evidence that the checks were completed before new staff members were asked to start work. We also saw that there were appropriate records reminding the provider's administrator when repeat checks were to be carried out. The manager told us that the provider took care to ensure that all pre-employment checks were completed before new staff began work. To confirm this, they showed us evidence that during the last two months eight new recruits had been told they could not start work as they had not yet provided a sufficient number of work references from past employers. We saw a copy of

the provider's recruitment policy, which set out the requirement for all pre-employment checks to be carried out.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We had been told that new recruits attending a training session had been left on their own watching training videos without a trainer being present. We asked the manager about this. They said that the provider's training officer had been absent for a two-week period earlier in the year without cover and this might have been the occasion referred to. The training provided was the Skills for Care Common Induction Standards, which consisted of various standard subject modules. After each module, recruits were tested and assessed. Accordingly, any deficiencies would be identified and addressed before the recruits started work.

We had been told that there had been no manual handling training given to some new recruits. We saw that manual handling (moving and positioning) was covered in the final module of the Common Induction Standards. The manager confirmed that relevant training was given to all new recruits. The manager said that there were a number of standard hoists at its training centre. These were used in demonstrations to new staff. The care co-ordinator told us that if, after assessing the care plans of people using the service, it was established that they had a non-standard hoist, suitable training was provided before a care worker started supporting the person. We saw that training in non-standard hoists was provided by suitably-qualified professionals.

When we inspected the provider in November 2012, a staff member had questioned the adequacy of the training facilities in the basement of the premises. We had discussed this with the manager at the time. Since then, the provider has acquired the use of a suitable training room at hired premises in Waltham Forest, which were now used for all training sessions. We saw a number photographs of the training room, which included several of the standard hoists used for training staff in moving and handling .

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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