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

121 St Pancras Way, Camden Town, London, NW1 0RD

Tel: 02074197419

Date of Inspection: 06 August 2014

Date of Publication: September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ 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 needs. Most people using the service live in Camden, although services are also provided to people in Haringey and Islington.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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, carried out a visit on 6 August 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Our inspection team was made up of one inspector. As part of this inspection we spoke with seven people who used the service, two relatives, the registered manager and three care staff. We also reviewed records relating to the management of the home which included four care plans and four staff files.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us and the records we looked at.

Is the service safe?

There were detailed care plans for each person who used the service, which included risk assessments. There was an out of hour's phone number to deal with emergencies. Staff had emergency first aid training.

Is the service effective?

The service undertook assessments with the person who used the service or a relative to identify their support needs. People who used the service gave written and verbal consent for the care they received.

Is the service caring?

People who used the service or a relative had been involved in decisions about their care and support. Staff supported people and advised them, but allowed the person who used the service to make the final decision. A person who used the service told us, "They are patient, kind and nice to me."

Is the service responsive?

The service liaised with other health professionals to meet the needs of people who used the service. People's individual needs had been assessed and staff were aware of their needs. People who used the service knew how to make a complaint, although none had been made in the past year.

Is the service well-led?

The service was using the skills and knowledge of staff members to provide the required service to meet people's needs. Staff meetings were being held regularly and the staff we spoke with confirmed they felt able to make suggestions and voice concerns.

There were processes to monitor and improve the quality of service delivery such as an annual service user questionnaire.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with seven people who used the service and two relatives. Responses to our questions were positive in regards to obtaining verbal consent from people in relation to the care they receive. One person said, "They ask what I want." Another person said "They've been looking after me so long they know me well and know what I want." A relative told us that staff always asked the person who used the service what they would like. They went on to give an example of staff asking if the person was ready to have personal care and whether they wanted a bath or a shower. This indicated to us people were given choice and consent was obtained before a service was provided.

During our inspection we reviewed four care plans, which documented care and support to be delivered. The registered manager told us the consent form was signed as a form of consent to the service to be provided. There was a signed consent form in each care plan we looked at which indicated agreement to the level of care to be provided.

We spoke with three members of staff. We asked how they obtained consent from people before providing care or support. We were told they acted in accordance with the consent of people who used the service in relation to their care. One staff member said, "I ask them what they would like me to do for them today." Another member of staff said, "We ask [the person who used the service] what they want. We never force them." They told us decisions people made about their care was recorded in the home care diary daily. This meant staff provided care as far as possible, in accordance with people's wishes.

The staff we spoke with had an awareness of the Mental Capacity Act (2005), they were able to answer the questions, which assured us of their knowledge. The registered manager told us they had completed mental capacity training as part of the induction program and we saw evidence of this.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with seven people who used the service and two relatives. We were told by a person who used the service, "They are great, they look after me well." Another person told us, "My care worker is marvellous and I'm doing fine." A relative said, "They ask [the person who used the service] what [they] want done each day." We were also told, "They are good girls, they look after me well."

During our inspection we were able to review four support plans contained a signed consent form and information about each person's individual needs. All support plans reviewed by us contained information about the person such as, next of kin, information related to the doctor and other support agencies such as social worker. The needs of each person were assessed by a senior member of staff. This meant people's needs were being assessed and the most relevant people contributed to the assessment. The staff we spoke with told us they always followed the care and support plans and documented the care delivered and choices people made daily in home care diaries.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. We saw from information within the four support plans reviewed risk assessments had been conducted for the risk of falls, the environment and manual handling. There was clear guidance for staff in relation to measures required to manage the risks such as, "Uses a walking stick."

The four support plans we looked at documented choices people had made such as time support was provided and level of personal care required. There was also information about tasks to be carried out and physical health. The staff we spoke with were aware of the care and cultural needs of the people who used the service.

Mental capacity was taken into account when planning care and best interest meeting were held with advocates where necessary. We were told by staff family support was sought according to people's needs.

The registered manager explained there was on on-call system to deal with emergencies out of hours as well as adverse event such as adverse weather. We asked the registered

manager whether staff had been trained in emergency first aid. We were shown evidence this training was covered during the induction of new care workers.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with seven people who used the service and two relatives and we were told care staff mostly attended on time and they usually rang if they were going to be late. The majority of people we spoke with had the same care workers each day and explained to us sometimes there were changes when the regular workers had holidays.

The provider had enough suitably qualified and skilled staff to manage the service safely and effectively. Staff worked shifts and two care workers attended to people who used hoists or who were bed-bound. A care worker told us, "We mostly work in pairs, especially if we have to use hoists." The manager told us they oversaw the delivery of the service and care provided. We saw there were senior care staff to support care workers in the delivery of care if needed. This meant the provider made sure there were enough experienced care staff to meet people's need in a safe and effective manner. The manager told us if a care worker called in sick, was absent or otherwise failed to attend a care appointment, the provider had a system in place to ensure alternative cover was provided by using their own trained care workers from another branch if necessary.

We spoke with three care workers. They told us they would contact the registered manager if they were running late for a shift and the registered manager would contact the person who used the service or a relative. They all told us they had never missed a shift. This meant people still received the care they required despite a change of care worker and were involved in the change of circumstances.

We looked at four care workers personnel files which held information about care workers skills and experience and previously completed training. We saw evidence all four staff had received an induction and had completed training such as moving and handling, health and safety, safeguarding vulnerable adults and mental capacity. We spoke with three care staff and they told us they had attended training. This meant the provider had made sure staff were suitably skilled, knowledgeable and experienced to meet the needs of people using the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their relatives told us they were asked for their views about the care and treatment and they had been involved in reviews of care plans. The people we spoke with told us they felt able to bring a concern to the attention of the service provider and those matters would be listened to and acted upon.

We asked the registered manager how they monitored the quality of the services provided. We were told a service user survey was completed annually by people who used the service which included questions such as, "Are you satisfied with care workers attitude?" and "Do you have choice and control?" The last survey was completed in March 2014. We looked at responses from 31 people. Overall the areas assessed were responded to positively.

We asked the staff we spoke with if they were able to feedback on the service. We were told staff meetings were held every three months and staff were able to voice concerns then. We saw the minutes of the staff meeting which was held May 2014, which included incident reporting procedures, training and supervision.

We asked if there was any formal auditing to assess if staff followed expected standards. We were told staff files were audited and we saw evidence of this in the staff files we looked at. We also saw evidence care plans were audited and there was a review of the communication books within people's homes.

We found decisions about care and treatment were made by appropriate staff at the appropriate level. The support plans we reviewed documented reviews were completed a senior member of staff and the person being supported or their relative.

The provider took account of complaints to improve the service. We were informed of the procedure for handling and investigating incidents and complaints and we reviewed the complaints procedure. We were told no complaints had been made in the past year.

People who used the service were given written information about raising a concern as

part of the service user handbook. A person who used the service told us, "I was given a copy of the complaints policy." A relative told us, "If I have any concerns I will contact the registered manager"

We asked the registered manager if there was a system for reporting and learning from adverse events, near misses or incidents. The registered manager told us the procedure for dealing with incidents. We case tracked an incident which occurred in the past year and found it had been investigated fully.

Risks had been identified and there was a procedure in place to manage them. There was a business continuity plan in place in case of adverse weather and a plan in place to get staff to people when there was no public transport.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed four care and support plans for people who used the service. There was clear information as to the level of care and support provided. For example, we saw information was person centred and indicated what staff were to do to encourage the person who used the service to be mobile, "Encourage [person who used the service] to do as much for [themselves] as possible."

We saw daily records of progress were entered in home care log books. Overall we found people's personal records including medical records were recorded accurately and fit for purpose.

Records were appropriate for people employed at the service. We reviewed four employee files, which included photographic identification, certificates of training and evidence a criminal records check had been undertaken.

Records were being stored securely. We were shown where records were being kept. The facilities were locked and fire retardant. We asked the registered manager about the destruction of records and were told records were kept onsite for four before being destroyed by shredding.

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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