

Focus Care Agency Ltd

Focus Care Agency Limited

Inspection report

Unit 13, The Metro Centre
Peterborough
Cambridgeshire
PE2 7UH

Tel: 08458648866
Website: www.focuscareagency.com

Date of inspection visit:
16 May 2017
17 May 2017
18 May 2017

Date of publication:
07 August 2017

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Focus Care Agency provides personal care to people in their own homes. They care for people with learning disabilities and provide tailored care packages which include 24 hour care. They provide care to people in Suffolk, Essex and East Sussex with a head office based in Peterborough in Cambridgeshire. On the day of our inspection there were 24 people receiving care from the service.

This inspection was carried out on 16, 17 and 18 May 2017. At our previous inspection on 16 March 2015 the service was rated good.

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.

The service provided people with extremely well planned person-centred care. Comprehensive assessments of their needs were completed before they started their care package to ensure the service was able to meet their needs and wishes. The provider worked closely with the person to ensure they were living in the best environment for them and to create care plans with the person which helped them to develop towards their individual goals. Staff members worked very closely with people to ensure their person-centred needs and preferences were upheld which helped people to develop their independence and achieve new challenges and opportunities in their home and the community.

People and their family members were encouraged to provide the service with feedback, including making complaints if they were unhappy with the care they received. Complaints were handled sensitively and in full and used to help develop the service. Feedback was also sought in the form of regular surveys which were used to help further develop the service.

People were protected from abuse or improper treatment. They felt safe at the service and staff took action to ensure any incidents were recorded and reported. If necessary, further action was taken to ensure people's safety. There were also risk assessments in place to guide staff in ways to keep people safe whilst also maximising their independence. Staffing levels were sufficient to meet people's needs and staff had been robustly recruited to ensure they were of good character and were suitable for their roles. Where necessary, staff supported people to take their medicines and maintained accurate records to support this.

Staff members received regular training and refresher sessions to help equip them with the skills they needed to meet people's needs. Training was based on people's specific needs and staff also received induction training and supervisions to provide them with the support they required. The service sought people's consent to their care and had systems to ensure the principles of the Mental Capacity Act 2005 were followed if people lacked the mental capacity to consent to their care. People were supported with the dietary and nutritional needs where necessary and staff worked with them to ensure medical appointments

were booked and attended as and when required.

There were positive relationships between people and members of staff. Staff members worked closely with people and spent time getting to know their individual needs and preferred communication to help ensure they received the care they needed and wanted. People and their family members were involved in planning their care to ensure it was person-centred and they were provided with the information they needed about the service. Staff also worked hard to ensure people were treated with privacy, respect and dignity.

The provider and registered manager had generated a positive ethos and culture which all staff members were committed to upholding. They worked hard to ensure people received person-centred care and helped people to meet their goals and dreams. People and staff felt very well supported by the registered manager and provider who both took the time and effort to get to know the people they cared for and the staff they employed. External stakeholders were involved where necessary and the registered manager ensured the Care Quality Commission were informed of important incidents and events at the service. They had robust quality assurance procedures in place to assess and monitor care provision and action plans were used to help drive improvements where necessary.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People were provided with incredibly person-centred care which helped them to have fulfilling and meaningful lives.

People were supported to integrate with their local communities and to enjoy their favourite hobbies, interests and activities.

People were involved in planning and reviewing their care to ensure everybody knew what people's current care and support needs were. Care plans were detailed and provided the information needed to meet people's holistic needs.

The service welcomed people's feedback about their experiences and acted on it accordingly.

Is the service well-led?

Good ●

The service remains Good.

Focus Care Agency Limited

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.

This inspection site visit took place on 16 May 2017 and was announced. We gave the service 48 hours' notice of the inspection because they provide a domiciliary care service and we needed to be sure someone would be in. The inspection was carried out by an 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. During this inspection the Expert-by-Experience conducted phone calls with people and their family members on 17 and 18 May 2017.

Before the inspection we reviewed the information we had regarding this service. This included reports from previous inspections and statutory notifications which the provider had submitted. The provider is legally required to send us statutory notifications with information about key events at the service, such as safeguarding incidents or issues which interrupt the way the service is provided.

We spoke with eight people receiving care from the service and five of their family members to seek their views and opinions of the service. We also spoke with four members of care staff, a regional manager, an administrator and an apprentice. In addition we spoke with the managing director, the registered manager, the training director and a recruitment manager to help us get to know how the service was run.

We looked at paperwork relating to people's care and support, including care plans and records for six people, to see if they were accurate and up-to-date. We also reviewed documentation regarding the running and management of the service including; staff recruitment records, training records, feedback surveys and quality assurance procedures.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I am happy and safe." Relatives also told us that they felt their loved ones were safe. Staff members were able to tell us about different types of abuse and signs for them to look out for. All the staff we spoke with were aware of the reporting procedure if they had concerns and would not hesitate to do so. One staff member said, "If something happens we contact the relevant people and complete the forms factually." We saw that incident forms were completed and reviewed and systems were in place to manage safeguarding concerns.

There were also systems in place to manage risks to people which helped keep people safe but also promoted positive risk taking and independence. One staff member told us, "We don't shy away from risk so that people can do the things they want." We found risk assessments in place in care plans which were specific to each individual and covered areas of general health and safety, such as falls and mobility, as well as bespoke assessments for activities and hobbies. There was also guidance for staff in terms of action they should take in the event of an emergency.

Staffing levels were sufficient to ensure people's needs were met. People and staff felt there were always enough staff on shift and that staffing levels could easily be adjusted if people's needs changed. We checked staffing rotas which showed that staffing levels were consistent and that people received care from regular members of staff, which helped maintain continuity. The service did not use agency staff which also helped to maintain this. Records relating to staff recruitment showed that staff members were robustly recruited and checks, such as previous employment references and Disclosure and Barring Service (DBS) criminal record checks were carried out, to ensure that staff were of good character and suitable for their roles.

People were encouraged to take medicines by themselves, however; staff were also trained to administer them if necessary. One person told us, "The staff help me with medication - they remind me to take it." A relative said, "Staff monitor and record my son's medication." People's medicines were recorded in their care plans and Medication Administration Record (MAR) charts were used to document when medicines were given. These were completed in full and reviewed regularly.

Is the service effective?

Our findings

There was regular training and supervision for staff, to help them develop the skills they needed to perform their roles. One staff member said, "We have an induction in the first week which prepared you well for the role. After that the support is very good." Records showed the service had systems in place to ensure staff received regular training and refresher sessions which equipped them with the specific skills they needed for their place of work. Staff could also request specific training and were encouraged to complete vocational qualifications. Supervisions were also carried out to help maintain staff development and discuss any concerns or ideas they may have.

Staff sought people's consent before providing them with any care or support. Staff told us that it was important to ensure that people were happy with what they were going to do and they supported people to make their own choices or decisions. One staff member said, "We only do things if people are happy for us to do them, if not, we find another way." People's consent was documented in their care plan, to show that they had agreed to their care arrangements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the MCA and their obligations under it. There were systems in place to ensure people's mental capacity was assessed and any decisions made on people's behalf were in their best interests.

Staff members encouraged people to be as independent as possible with food and drink preparation. One staff member said, "We help where it's needed but try to make sure people do as much for themselves as possible." Care plans documented what people could do for themselves and the areas in which they required support from staff. Specific dietary needs and wishes were recorded and expert advice, such as referrals to dietitians, was sought when appropriate.

The service also supported people to book and attend appointments with healthcare professionals. One person said, "I am happy with everything, the staff help me with medication, the doctors and the dentist." A relative said, "Staff do everything for [person's name] for his medical appointments." Records showed that medical appointments took place on a regular basis and that staff members implemented any changes or recommendations, to help people reach optimal health.

Is the service caring?

Our findings

People were treated with kindness and compassion by members of staff. One person said, "All the staff are nice, they are caring and lovely." They told us that they had a positive relationship with the staff that cared for them which helped them to trust in them and to be comfortable in their home. Another person told us, "The staff are fabulous." Relatives shared this view, with one saying, "Staff are kind and caring."

Staff members were also positive about their roles and wanted to spend time with the people they cared for. One staff member said, "I love my job and the people I care for." Staff had a good understanding of people and their needs and worked hard to ensure their needs were met. They used alternative communication systems, such as electronic programs on tablet computers, to help ensure people could express themselves and make choices which helped to promote their independence as much as possible.

The service took steps to ensure people and their family members were involved in decisions about their care and had the information they needed. One person told us, "Staff have read the care plan to me." Staff members told us that care plans were written with the input of people and their family members and that they were encouraged to share their views about their care. Records demonstrated the regular involvement of people and their relatives and showed that people were provided with important information, such as contact information for the provider and important external organisations, such as the Care Quality Commission (CQC).

People were treated with dignity and respect. A relative told us, "The staff respect her privacy and dignity with showering and any new staff are taught." Staff received training in this area and worked hard to ensure they upheld people's privacy and treated them in a dignified and respectful manner. They worked with people to help ensure they were as independent as possible and supported them to meet with family and friends within their homes and in the local community.

Is the service responsive?

Our findings

People were very keen to tell us about the excellent person-centred care they received from the service. They told us how well treated they felt they were by members of staff and the positive impact that the staff had on their lives on a daily basis. Throughout the inspection we received a number of tremendous examples which demonstrated the commitment of staff members to people's development and to helping them achieve their goals. One relative told us, "This is the best place he has been in. I can't fault them. I am happy in myself with things."

People and their relatives explained to us that they worked together with members of staff to ensure that they received the care and support that they needed. They told us that people were encouraged to be independent, and to make as many decisions for themselves, as was possible. By working with people in this way the service was able to help people meet their goals and achieve their dreams. For example, one person at the service was a very devoted football fan. They had not previously been able to cope with the crowds and atmospheres in large crowds however; following a lot of work and support from the service they were able to attend a match at their local team, with an attendance of thousands of people. This visit was followed up with a second match, both of which were enjoyed by the person immensely. We saw photos of this person enjoying the match, as well as a record written by them, describing their day out and how much fun they had.

We received many different examples of how staff had supported people to develop and become increasingly independent, since they started to live at the service. Staff told us about one person who had previously struggled to settle and be able to function in the community without experiencing high levels of anxiety. The registered manager showed us scrap books which the person had produced with the support of members of staff. They contained photographs and comments, showing the achievements which the person had made since coming to the service. These included, 'Here I am waiting patiently for my meal at the café. This is a short term goal of mine.' The book showed a number of different goals being achieved in a number of settings and the person was clearly happy to be in the community and engaging with the public, members of staff and their family member.

The scrap books also showed how the service had adapted to meet the person's individual communication needs. It showed the person using a tablet computer to engage with others and helped them to express themselves clearly and make choices. One photo had the caption, 'Using my iPad to communicate with my Mum at the café.' It was clear from the photo that both were getting a great deal from the interaction and it showed that the service had helped the person develop more independence as a result. The registered manager showed us pictures of this person celebrating their most recent birthday at their home with staff from the service. They explained to us that they had a barbeque and were able to invite family members to celebrate with them. The person's mother had spoken with the registered manager about how happy they were to be able to do this as they had never been able to achieve this as a family in the past. This showed the hugely beneficial impact that the service had on the individual, as well as their family members.

We saw a letter which had been written by another person called, 'My Story'. In it they had written about

their achievements since receiving care at the service, including increased independence and improved communication with those around them. They wrote, 'I love living here and I like the staff that support me. I am happy now.' The letter showed how the person had developed towards and achieved their goal of being able to safely manage their own security, including having a key to their own front door, which boosted their independence and ability to do the things they wanted to do.

Staff members told us that they worked hard to ensure people's holistic needs were met. This meant ensuring people's basic care needs were catered for, such as personal care and health needs, but also their hobbies interests and social needs. They explained that this approach left people feeling fulfilled and helped to reduce their levels of anxiety and reliance on medication to help them manage their behaviour. For example, staff had written in one person's 'My Story' document, '[Person's Name] has not requested PRN (as required medicine) support since January of 2015.' Their care plan showed that previously they had relied on PRN to help manage their behaviour and calm their anxieties. This showed the incredibly positive work that the service was carrying out to help people lead full and rewarding lives, which reduced their need to rely on chemical means to manage their behaviour.

Staff were proactive in their drive to provide people with person-centred care. Staff members told us that they felt empowered and were able to quickly implement new ideas which had a hugely beneficial impact on people and their care. The registered manager showed us an example of this for one person. The individual enjoyed going out into the community and being outdoors which could sometimes be difficult to accommodate when weather restricted them. Staff members had written a proposal to equip the person's garden with a summer house which they could use as an alternative. They had really thought about the person and their needs and turned the summer house into a 'fortress of solitude' for them. We could see that they had worked with the person and used their excellent understanding of their needs to design a space where the person could be comfortable, happy and safe. The person's specific sensory needs had been considered and planned for and their hobbies and interests had been integrated into the design. The registered manager was very keen to point out that staff had not been asked to do this work, they had used their initiative to try to make improvements to the person's life. We also saw that the provider had started work on developing the 'fortress of solitude', based on the design.

The service had strong links with local groups and projects for people with learning disabilities in the areas where they provided care for people. They worked closely with resource centres and shops and services to help people fulfil their social activities and to gain employment opportunities. All the activities which were completed were developed as a result of discussions and careful planning with each individual, to ensure they were able to do the things they wanted to do. The service were willing to try anything to help people live rewarding lives and develop the skills they needed and wanted.

Staff members told us that they loved doing their jobs and that the people they cared for provided them with all the motivation and inspiration that they needed. They explained that what appeared to be the smallest thing may be a huge achievement for some of the people they cared for and they worked hard to celebrate each person's accomplishments.

Before people's care packages with the service started an assessment was carried out to ensure their needs could be met. The registered manager explained to us that this process involved looking in detail at the person's care and support needs, but also at their social care needs and the best living arrangements for the person. We saw in people's care plans that detailed pre-admission assessments were carried out and were used to determine the level of support people required as well as initial goals that people may have.

Initial care plans were drawn up from the information in the assessment as well as the feedback of people

and their family members. The people and relatives we spoke with told us that they were involved at all stages and that staff checked with them to make sure they were happy with the content of their care plans. One relative told us, "The company knows my son, the care package is sensitive to him and the family." They also told us that the plans were regularly updated and reviewed if anything changed. They explained that staff made sure they got in touch to explain any changes and make sure that everybody was aware of recent developments. A relative said, "They are always willing and wanting to help me stay informed." This was important as it gave people's relatives peace of mind that their loved ones were in good hands and demonstrated to them that the service was very responsive to changes in their care.

Staff members told us that people also had a 'Communication Passport' in place. These contained important and useful information about people and the ways that staff can work with them to help meet their needs. One staff member told us, "The communication passports are great, they give you some really important information without having to go through the whole care plan. They are easier for people to relate to and to get involved with as well." We reviewed communication passports and saw that they used pictures and simple phrases to help get across important messages about people's care. They provided information about what the person likes to do, what they can do, where they need help and potential risks. They were presented in a very user friendly format and contained evidence of people being involved in the production of the passport. This helped staff to work with people to ensure they received exceptional person-centred care which was sensitive to their needs and wishes.

We looked at the records of compliments and complaints that the provider had received. We saw that where complaints had been made, the registered manager had taken appropriate action to look into the concern and put things right. There was a clear log of the actions taken and apologies were made where things had gone wrong, as well as evidence of organisational learning to drive the continued development of the service. A number of positive comments and compliments had also been received by the service about the care and support that people had received. These included a very positive comment from a person's doctor which demonstrated that the care and support that the person had received had led to a profound improvement in their health condition, which had resulted in the person no longer requiring a surgical procedure. The service also conducted biannual surveys of the people they cared for, their family members, staff members and healthcare professionals. The registered manager showed us that the results of these were collated and used to help identify areas for development, as well as areas in which the service was performing well.

Is the service well-led?

Our findings

The service had a positive ethos and culture. All the staff we spoke with told us that they were aware of the company's aim to provide people with person-centred care which was tailored to their individual needs and preferences. One staff member told us, "We work so hard to make sure people get the care that they need and we really enjoy it when we are able to help people develop."

Staff members went on to tell us that the managing director was heavily involved in the way the service was run and took an interest in the lives of the people they were supporting. Staff told us that this provided an excellent example to staff, from which they could role-model and ensure they took steps to show people that they mattered to them and to the organisation.

There were systems in place to ensure that the service was open and honest with people, their family members and external stakeholders, such as funding authorities or the Care Quality Commission (CQC). Staff members told us that the service had a clear whistleblowing procedure in place which they would follow if they had any concerns about the way people were being treated.

Staff members told us that each site had a team leader and they were overseen by regional managers. One staff member said, "I can always talk to the team leader and there is lots of other people who can help if I need them." They went on to explain that the registered manager and managing director were very approachable and willing to help whenever they were needed. A staff member said, "They come to visit and they are always at the end of the phone if we need them." Staff went on to tell us that there was an on-call system in place, so they could always get hold of somebody for advice, including out-of-hours.

There were a wide range of quality assurance processes in place at the service, which the registered manager and senior management team used to help monitor the service. Staff members told us that local checks were carried out on a daily basis at each site and that senior staff conducted checks and audits as well on a regular basis. These included areas such as care plans, medication and health and safety and helped to identify areas for improvement.