Focused Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 31 March 2016 and was announced. Focused Healthcare Limited provides nursing and personal care for children and young people living in their own homes. At the time of the inspection there were 86 people using the service.

The service has 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.

People were protected from harm. The registered provider had safeguarding processes and guidance for staff to keep people safe from harm. Staff took action to manage an allegation of abuse and raised safeguarding concerns with the local authority. There was a whistle-blowing policy in place so staff could raise concerns about the quality of care at the service. Staff identified risks to people and a risk management plan put in place to reduce them.

The service had sufficient staff employed to ensure people received their care safely. The registered provider had processes in place to ensure safe and suitable recruitment of staff. The registered provider had systems in place to support staff. Staff had regular training, supervision, appraisal and spot checks to support them in their caring role. Newly employed staff had access to an induction suitable for their role.

Staff managed people's medicines so they received them safely. we found the registered manager monitored the quality of care delivered to people through regular reviews of the service. Staff completed regular audits of medicine administration records (MAR) charts, to ensure their accuracy. However, the medicine audits did not identify the gaps in the MARs we found they did not have codes on them to explain the reasons for the gaps in these records. The registered manager had taken action by redesigning records to insure they contained accurate and up to date information

The registered manager and staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People or their relatives were supported to consent to care, support and treatment and to make care choices and decisions.

People had sufficient food and drink, which met their needs and preferences. People had their nutritional needs met by staff that were familiar with their specialist diets. Staff sought healthcare advice and support for people when their health care needs changed.

People and their relatives were treated with kindness and compassion and staff respected people's privacy and their dignity. Staff knew people's needs and care, treatment and support delivered to meet them. People contributed to an assessment of their needs and a planned their care, support and treatment. The registered provider had a system in place for people to make a complaint about the service.

The registered provider had a system in place, which sought feedback from people and their relatives, and the registered manager analysed them and took actions when required. The registered manager was aware of their responsibilities as registered manager with the Care Quality Commission.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff protected people from the risk of abuse. Risks to people were identified and plans were put in place to reduce recurrence. There were sufficient staff available to effectively care and support people. The management of people's medicines was safe and people received them as prescribed.

Is the service effective?

Good

The service was effective. Staff had regular training, appraisal and supervision, which supported them in their role. New staff completed an induction to prepare them for their caring role. People accessed healthcare support when required. Staff provided people with meals to meet their nutritional needs and preferences. Staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). People received support from staff to make decisions regarding the care they received.

Is the service caring?

Good

The service was caring. People had the opportunity to contribute to their assessment and in the planning of their care and support. Staff cared for people and knew them and their relatives well. Staff treated people with kindness and compassion and their dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved in their assessments and in the development of care plans to meet their needs. People had access to a system to make a complaint about the service.

Is the service well-led?

Good

The service was well-led. Staff monitored the quality of care and made improvements to the service. The registered manager sent appropriate notifications to the Care Quality Commission.

Focused Healthcare 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.

The provider was given 48 hours' notice because the location provides a nursing and personal care service and the registered manager is often out during the day so we needed to be sure that someone would be available. This unannounced inspection took place on 31 March 2016 and carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in social care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with 15 relatives of people using the service, nine staff members. We spoke with the registered manager and four office based clinical nurse managers. We reviewed 10 care records, five staff records. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we contacted 12 health and social care professionals for their feedback and comments of the service.

Good

Our findings

The registered manager and staff kept people were kept safe from harm. One person told us, "I feel safe, I can talk to them if I have concerns." A relative we spoke with said about staff members, "Yes very safe. They do temperature checks, and blood sugar monitoring checks. Without them I couldn't cope." Another relative told us, "Yes I feel safe. No there is nothing that I feel unsafe about and I have no concerns."

The registered manager supported staff to gain knowledge, skills and training in safeguarding procedures. Safeguarding processes included procedures for protecting adults and children to ensure their safety. Staff had gained knowledge in the signs and types of abuse. They told us how they would raise an allegation of abuse to their manager or local authority safeguarding team. One staff member said, "I'm fully aware of what I am required to do in case of any incident or concern or child abuse, liaising and seeking advice from Focus designated safeguarding lead." Another staff member told us, "I have ensured I am competent, confident and safe to work with children and young [people]." The registered manager was the safeguarding lead for the service that managed and liaised with the local authority during an investigation. Staff had a whistle-blowing policy in place they could use to raise a concern about the quality of care provided at the service. Staff we spoke with knew how to raise a concern promptly using the whistle-blowing process.

People were protected from risks associated with their health and well being. Staff identified risks to people and risk management plans were developed and in place to manage them. For example, a risk assessment identified a person was at an increased risk of complications arising from their medical condition. A staff member told us, "I would ensure, I am fully trained before being allocated to a certain shift, I read care plans and protocols and other documentations to support the child's or young adult's needs and welfare." Another staff member said, "The agency carry out risk assessment to clients and inform me when assigned to a package and this forms part of the documentation that has to be completed when assigned a shift in the client's home." Staff demonstrated that would take suitable actions to mitigate risks by following guidance in risk management plans to minimise them. All care records we looked at contained copies of risk assessments. For example, one care record had details that demonstrated a person was at risk from complications related to their breathing. Their care records held a risk management plan to give staff guidance on how to support the person to reduce this risk and how to support the person if they experienced breathing problems. Clinical nurse managers identified risks to people and staff members used risk assessment and plan to manage them.

The service had enough staff to meet people's care and support needs. The service had an office based staff member that managed the staff rota. Referrals for care that came into the service were allocated to a

member of staff to provide support and treatment as required. We found that the staff rota showed that the numbers of staff available to care for people was appropriate. For example, people who required two staff members for assistance with their care and support needs were available for them. One relative told us, "They are very good. We have two staff covering nights."

The registered provider had systems in place to ensure the safe recruitment of staff. Pre-employment checks confirmed the safety of staff before they worked with people. This included a criminal records check, previous employer references and confirmation of staff eligibility and permission to work in UK. The staff records we looked at had documents relating to recruitment and interview processes. The registered provider ensured suitable staff were recruited to care people were cared for by safely recruited staff.

People's medicines were managed by staff safely. There was a medicines management policy in place. This gave guidance to staff in the safe administration of people's medicines. Office based senior nurse coordinators monitored staff competency in the administration of medicines. Staff members had regular spot check visits and an assessment completed on their competency in medicine management. One relative said, "They do [my relative's] meds, there are no problems." This meant people received their medicines safely and as prescribed by qualified and competent staff. Audits of medicines identified a shortfall in the recording process. The registered manager had taken action by redesigning records to insure they contained accurate and up to date information.

Good

Our findings

The registered manager had arrangements in place to support staff in their role. Staff had an annual appraisal, staff records we looked showed staff appraisals were up to date. Staff records had copies of staff appraisal, which explored training and professional development needs with target dates set for actions taken. For example, qualified nurses accessed training for their continuous professional development (CPD). This process helped nurses register and maintain their registration with the Nurses and midwifery Council (NMC) so they were able to continue to provide clinical nursing care. This meant that people were cared for by staff who were supported in their caring role.

Newly employed staff completed an induction with the service to ensure they were safe to care for people. Care and nursing staff shadowed experienced staff to care for people to ensure they were competent to do so. Office based clinical nurse managers would complete home visits with staff members and families to ensure the quality of care provided was of a good standard. This supported newer staff to develop their skills in caring.

People and their relatives told us that support was delivered by trained staff. A person told us, "Yes they are well trained and support me." A relative said, "Yes very much so. Yes they are mostly well trained." Staff received training, which equipped them to care for people effectively. The registered provider had a training programme for staff in place, which supported staff in their caring role. One staff member said, "I do have regular supervision, appraisal and up to date with this at present. I have no concerns with the service being provided and management." Another staff member told us, "I have had regular yearly up to date mandatory training with Focused Healthcare Ltd, Basic Life Support training, Fire training, Health & Safety, Risk Assessment working in the home and hospital, manual handling and moving, Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)." We checked that staff had completed mandatory training; safeguarding people, medicine management and basic life support. Staff records held copies of staff training documents and certificates. There was a training co-coordinator employed at the service. They were responsible for organising and delivering training to staff members. As well as mandatory training staff completed training which supported them to meet the needs of people they provided care. For example, endoscopic gastrostomy feeding [PEG] training for staff. PEG feeding is a way of giving people food, fluids, and medication directly through the stomach through the skin and into the stomach.

The registered provider had systems in place for staff to have regular supervision. Staff were able to focus on their caring role during supervision, staff identified their needs and the support they required to resolve them. One staff member said, "Yes I have had regular supervision whilst working for Focus, to assess my

progress within my role, provided guidance, and support." Another staff member said, "I have regular supervision."

Staff had access to a counselling and bereavement support service, which helped them to manage their grief when a child or a young person they provided care for dies.

People and their relatives gave staff their consent before staff supported them. People and relatives told us staff members would ask for consent when they are carrying out care. Staff we spoke with knew how to obtain consent from people before providing care. This meant that people received care and support that met their needs and which they agreed to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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 when this is in their best interests and legally authorised under the MCA. The registered manager and staff had knowledge of the principles of MCA and DoLS. People's relatives made decisions if they did not have the ability to make a decision for themselves. A record of Best interests' decisions and outcome guided staff to work within their recommendations. Staff were aware of the application process of Court of Protection to obtain authorisation to provide care when required.

People were supported with food to eat and drink which met their needs. People who required support with meals had this need met. A relative said, "When necessary they leave food for [my relative]." Other people we spoke with told us that staff were skilled in supporting their relative with PEG feeding to meet their nutritional needs. Other staff members prepared meals for people that they liked and enjoyed. This meant that people were supported by staff who prepared meals that met their nutritional needs and preferences.

People accessed healthcare services when their needs changed. Staff informed office based staff if people's health and care needs changed and they took appropriate action. For example, a clinical nurse manager had requested additional equipment to support a person safely at home. A referral to the contacted the local clinical commission group (CCG) for requested equipment, which would improve the care for the person at home. One relative told us that a staff member would come with them to a hospital appointment when they needed this support. Staff were confident to make a referral to a healthcare professional and specialists for additional support and equipment to support the person's needs. We saw another example where staff took action to resolve potential health care emergency for a person. The registered manager contacted the healthcare provider to advise them the emergency equipment was not in place at the person's home and it would be unsafe for them to return home without this equipment. Following this referral, actions were taken to resolve this issue and it was confirmed that the emergency equipment was in place so the person could return home from hospital safely. Staff took prompt action to seek advice from a health professional to manage and reduce the risks of poor health.

Good

Our findings

People received a service which was caring and met their needs. One relative told us, "Yes they are caring." Another relative said, "I don't have any concerns about the care and am happy with the hours which we benefit from."

People were cared for by staff who showed them kindness and compassion. One relative told us, "They are very caring. I have very good cover." In addition, "They [staff members] are worth their weight in gold." Another relative said, "They [staff members] are caring and loving." We were unable to observe staff interactions with people and their relatives. However, during our discussions with staff they spoke about people in a way that showed they were compassionate to their needs. Staff knew people and their relatives well and could talk about their care and support needs confidently. Staff described people with complex, challenging needs with kindness, and assessments, and care records we looked at reflected this approach.

People were cared for in a way that took into account their needs, personal histories and preferences. People and their relatives were involved in the development of their assessments and associated care plans. Care records documented people's assessed needs and the support they required to meet them. People and their relatives told us they were involved in developing their care plans with the service, health, education, and social care workers when required. This meant that people had support and advice from professionals who could arrange appropriate support and equipment to meet the person's individual needs. Staff completed daily care records when they visited people to provide care and support to them. We looked at copies of these records and found that staff documented care provided in line with the guidance in the care records. A staff member told us, "I always ensure all daily documentation done whilst on a shift is accurate, specific, readable, and done promptly." People received information and explanations from the provider about their care. For example, relatives told they received a copy of their assessment and care plans. People could be confident that staff provided appropriate care, which met their assessed need reducing the risk from poor care.

People were treated with dignity and respect. Staff spoke about people they cared for in a courteous and caring way. Relatives told us, "They are caring and we get the care we are allocated. They always involve us in the care plan. I have no concerns with them." and "I am quite happy." Another relative told us that staff had been "Very approachable. They have become part of the family." Each person had the support from a clinical nurse manager from the service. They provided home visits and contacted people on the telephone on a regular basis to monitor, and review the package of care. They ensured the safe management and delivery of people's care to meet their needs. The clinical nurse manager assessed, recorded, and shared

changes in care and support with staff members who provided direct care to people. This s meant that people received the most current care and staff had received current guidance to help them support people. Relatives we spoke with told us they had regular contact with their clinical nurse manager and visited them and their relative at home. One relative told us the "Clinical nurse comes twice every two weeks and recently changed and wrote a new care plan."

Assessments routinely involved relatives because staff provided care, treatment and support to children and young people. Staff, people and their relatives knew each other well had had developed good and effective working relationships. Care delivered to people maintained their dignity and respect. A relative said, "They include me in all decisions and respect my views. I couldn't cope without them." A staff member told us, "I have ensured good practice, inclusive communication and interaction, promotion of dignity, whilst catering for the medical, social and physical care needs." Staff developed good working relationships with people they cared for and with their relatives. One relative told us, "carers that look after [my relative] knows them." This helped staff to care for people how they wanted. People had their care provided by regular staff who knew them and their needs.

People were encouraged to be independent. Staff supported people and their relative to manage some care tasks with supervision from staff to ensure they were safe to do so. A staff member told us, "In addition, I have supported children and young adults in engaging activities to build their confidence." One relative told us that staff provided care for their relative but had time to play with them and to participate in activities they enjoyed. Some people had support from care staff to attend social activities, shopping trips and outings to the cinema. Other people were supported to attend school when able to ensure their educational needs were met. Staff supported people when there were unable to complete tasks independently and supported them to have control of their care.

Good

Our findings

The registered manager had systems in place to ensure people received care and support which was responsive to their needs. People had an assessment of their needs before receiving care. The outcome of the assessment determined how the service could meet people's needs. People and their relatives were involved in making decisions in the planning of their care. Assessments and reviews took place in collaboration with the person and their relative. A relative told us, "I have complete control of my affairs and I am included in decisions." Another relative said, "They meet my needs, two [staff members] are very caring."

Assessments were person centred and recorded people's views. For example, there was an opportunity to discuss the timing of care visits and staff recorded and implemented this request. A relative told us, "I think they are good. There's been a big improvement and they notify you if staff are not coming." Another relative said, "They do take note of my views. They would be silly not to."

People were provided with explanations about their care and support needs. Staff gave people a copy of their assessments and reviews. Staff responded to people's changing needs and recorded in people's care records. We saw care records where staff had identified concerns or a risk and they had taken action by seeking advice or guidance from a relevant health or social care professional. For example, staff made a referral to a health specialist for equipment to reduce the risk of the person's health deteriorating. People and their relatives were involved and supported to make decisions on how they chose to receive care and support flexibly to meet their needs.

People received information about their care in a way they could understand. Staff communicated with people so they could make their views and needs known. For example, staff used Makaton to communicate with a person who used the service. Makaton is a language programme using signs and symbols to help people to communicate.

People were encouraged to make comments and complaints about the service. A copy of the complaints form was provided to people so they were able to raise a complaint about aspects of their care. The registered provider had a complaints policy in place for staff to follow. The registered manager demonstrated the actions they would take to manage a complaint and showed us examples of complaints, compliments, and comments. We saw records that demonstrate that a complainant was informed of the investigation and outcome promptly. One relative told us, "They are pretty good day to day. I have no complaints." Another relative said, "There is nothing for me to complain about." One person told us, "I can

talk to them if I have concerns." They added they knew they could contact the care coordinator or the registered manager if they wanted to make a complaint.

Good

Our findings

The registered manager ensured that people received care and support from a service that was well-led. A relative told us "Yes I speak to them weekly. More if needed, they do care. This management is very good. Just fantastic." Another relative said, "Everything is good. They are diamonds." A staff member said, "I feel it's a good company to work with because they hear me and support me when the need arises."

The registered manager carried out monitoring checks of the service. For example, people's care records were accurate and up to date. The records we reflected people's needs, and recorded clearly, when their needs had changed. Updated documentation was kept on people's care records. The clinical nurse manager completed spot checks, telephone reviews, and observations of care workers. Staff we spoke with told us that they had unannounced spot checks. Staff received feedback from observations and spot checks and if further learning needs was advised staff had access to this. For example, if staff needed training in tracheostomy care this was arranged this for them.

The registered manager encouraged staff to become involved and improve the service. For example, staff had regular management team meetings and discussed issues relating to the service and their job. This was to ensure staff had current information on the service and developments within the caring profession. There were regular clinical nurse mangers meeting. We reviewed minutes from these meetings and saw that there were discussions on issues relating to caring for people. We saw that the suggestions made were acted on. For example, staff were involved in maintaining care records in people's homes to ensure they were of a good standard. We saw other examples were staff members were involved in people's discharges from hospital and were involved in the coordination of their care and support as they returned home.

There was a registered manager in place at the service. The provider ensured that the Care Quality Commission was kept informed of notifiable incidents, which occurred at the service.