

FocusAbility Support & Care Services Ltd

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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

About the service

Focusability Care and Support services is a domiciliary care agency providing care to people in their own homes and in specialist housing. It provides a service to younger and older adults, living with a range of support needs, to live independently in the community. Its offices are situated in the town of Market Rasen. At the time of the inspection, the service was providing personal care to 16 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

Some of the people using the service had a learning disability and/or autism. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received reliable care from staff who were kind, caring, enthusiastic and professional. People and their relatives had confidence and trust in staff and were consistently positive in their feedback about the service. They were satisfied with the consistency of staffing and said they were cared for by a small group of staff who understood their needs and preferences very well.

Staff understood their responsibility to protect people from abuse and avoidable harm. They were aware of risks to their health and safety and took action to reduce these risks. Staff managed people's medicines safely and people told us staff gave them their medicines regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People confirmed staff listened to them and respected their wishes and choices.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were aware of each person's needs and preferences and they received personalised care tailored to their needs and wishes. People told us staff were flexible and willing to accommodate changes to their care package whenever they could. People were supported to maintain a healthy, varied and balanced diet. Staff worked with health and social care professionals to ensure people received coordinated and consistent

care.

The service was well led and managed. The management team were accessible and supportive and communication was good. People, relatives and staff confirmed they would feel comfortable raising any concerns and said any concerns were immediately addressed.

People, relatives and staff felt involved and engaged and commented on the willingness to continually learn and improve the service. The management team assessed the quality of care through feedback from people using the service and were developing further quality monitoring processes. They were committed to continuous quality improvement.

Rating at last inspection

The last rating for this service was Good (published 7 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

FocusAbility Support and Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. Inspection activity started on 7 January 2020 and ended on 8 January 2020. This was when we contacted people using the service and their relatives to obtain their feedback on their experience. We visited the office location on 8 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

our last inspection and sought feedback from the local authority.

We used all of this information to plan our inspection.

During the inspection

We spoke with the three people using the service and four relatives. We also were sent some written feedback from some relatives who were not able to speak with us. We spoke with four members of staff including the registered manager, the care coordinator and two care workers. In addition, we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We reviewed additional information sent to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives told us they were confident that their family member was safe with staff. A relative said, "Absolutely, I wouldn't leave them unless, I was absolutely sure." Another relative spoke about the vulnerability of their family member and that staff showed a good understanding of this and protected them from abuse.
- Staff understood safeguarding processes. This included the procedure for reporting concerns to external bodies such as, the local multi-agency safeguarding team and CQC.
- Processes were in place for safe management of people's day to day expenses. Staff recorded all transactions and obtained receipts for all money spent. A relative said, "I give them the money and they give me receipts for what they have spent." A person said, "We have a transaction sheet that is filled in."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and safety, such as a person's awareness of road safety and steps were in place to reduce these risks. A person told us how staff locked their door when leaving their home and rang their doorbell to confirm this had been done. This showed staff had an awareness of the importance of each person's security.
- Staff were knowledgeable about each person's individual risks and how to reduce them. This included actions to support people who could sometimes behave in a way that could be challenging for others.

Staffing and recruitment

- Safe recruitment systems and processes were in place to reduce the risk of recruiting inappropriate staff. Staff recruitment was ongoing to ensure there were sufficient staff employed and deployed to meet people's care needs.
- People told us staff attended them as planned and normally arrived within 10 minutes of the agreed time. Records we checked confirmed this. People using the service and the management team told us they contacted people on the rare occasion they were going to be late.

Using medicines safely

- Staff mostly followed safe practice in the management and administration of people's medicines. However, we saw that medicines administration charts were handwritten and not signed by two people to ensure accuracy of transcription. The registered manager took immediate action to put a process in place to address this.
- The management team checked medicines administration records monthly to ensure there were no gaps

and medicines had been given and recorded as required. They did not keep a record of this; however, we saw evidence this was done, as the notes of a staff meeting contained reference to the results of the checks and reminders about the correct completion of medicines administration records.

Preventing and controlling infection

- Staff were aware of the importance of procedures to prevent the spread of infection, including handwashing and the use of personal preventative clothing and equipment.

Learning lessons when things go wrong

- Staff were aware of the procedures to report and document incidents and accidents. The culture within the service was to learn from incidents and continually consider improvements. Improvements and learning were discussed at staff meetings and within supervision.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's care and support needs and their care was planned in accordance with their needs and wishes. The registered manager and staff told us their priority was to ensure holistic and person centred care was provided.
- Care plans included those related to people's diverse needs and protected characteristics under the Equality Acts such as religious and cultural needs. This was important to reduce the risk of people experiencing any form of discrimination. For example, staff had previously supported a person when attending meetings at their place of worship and covered their heads in accordance with the requirements of the person's religion.
- The provider had up to date policies that reflected current legislation and best practice guidance in health and social care standards.

Staff support: induction, training, skills and experience

- People received effective care from staff who received a full induction, mandatory training and a range of additional training. The service employed a qualified health and social care trainer who provided training in conjunction with the care coordinator.
- When people had additional care needs, training was sourced to ensure staff were able to meet the person's needs. For example, a person was prescribed rescue medicines, to be given in the event of a prolonged seizure. Staff completed training to administer this in accordance with the protocol provided.
- People told us when new staff attended, they normally had a good knowledge of their needs and had read their care plans.
- Staff felt well supported by senior staff and the management team. One member of staff said, "The manager or care coordinator are always available and you can get advice and support from them at any time. They are available out of hours and can be contacted by phone."

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

- Where people required support with their food and hydration needs, staff provided effective support. A relative explained they had obtained advice from a dietitian and staff followed the advice from the dietitian on portion control and healthy eating in relation to their relative's diet.
- People's care plans contained information about the amount of support the person required with their meals and their food preferences.

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

- People's care records contained information from healthcare services and staff used these when planning people's care. Staff supported people to access appointments with doctors, dentists and other health professionals.
- Relatives told us of ways staff were encouraging their family member to increase the amount of exercise they did, by finding activities they enjoyed. They supported people to go swimming, go walking or attend the gym.
- Staff supported people with their oral healthcare and supported them to access a dentist when required. However, they had not received training in oral healthcare. The registered manager told us they would ensure staff were provided with this training going forward.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Consent to care was obtained from people in relation to their care and support. When people could not make decisions for themselves the principles of the Mental Capacity Act were followed.
- Staff worked with other professionals and highlighted concerns when a person's lack of capacity to make some decisions was not clear. Documentation of capacity assessments were not always retained within the care records and the registered manager said they would ensure this was rectified. They provided evidence following the inspection that this had been done.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who were kind, caring and compassionate. Feedback from people and their relatives was consistently positive about the care staff provided. One person said, "Staff are caring and friendly and all the staff are nice." A relative said, "Attitude is a big criteria for us, staff are head and shoulders above staff from other services we have observed, in the way they engage with them (people using the service)." "They are enthusiastic and they have fun together."
- A relative said, "We have found them (staff) professional and caring and are confident we can trust them with (out family member's) safety and well-being." "We have observed (our family member) is always pleased to see them and responds well to their enthusiasm".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning and reviewing their care. A person said, "All the information is in a folder and I let them know if I need anything changing." A relative told us how their family member's needs had increased and how the care package had changed to accommodate this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity when providing care. Staff said they locked the doors and drew the curtains to protect people's privacy when providing personal care.
- The management team spoke about how they tried to match care staff with the person they were supporting. For example, they said, "We support some of our young people at social occasions and they do not want someone who could be their parent accompanying them." They went on to say that in those situations staff did not wear uniforms or other symbols that identified them as carers. A relative said the provider had recruited some male care staff to provide care for some of the young men they were supporting.
- Relatives told us of how staff promoted the independence of their family members with learning disabilities and/or autism and two relatives commented on how their family members' independence had increased since coming to the service. Staff had supported three people to move from living with their parents to living in a supported living environment.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Feedback from people about their care package was good. They said the service responded well to changes their individual care requests and accommodated these wherever possible. Staff knew people very well and people and their relatives said staff understood about things that were important to them as individuals.
- People told us they preferred to have the same regular care staff to provide care and this was provided. They told us they were always told which staff were attending and if there was a change, it was usually a member of staff they knew.
- People received care in a timely way. People told us staff were rarely more than 10 minutes later than their agreed time and always met the standard of attendance within 30 minutes of the appointment time. A person told us, "When staff are late it is due to unavoidable circumstances." People told us that if staff were going to be late they were normally contacted by staff to inform them.
- People's care plans provided a good level of detail about their care and support needs and contained a daily routine that included details of the person's preferences and what was important to them. A person said, "They know the way I like things doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service had limited verbal communication and used alternative means of communication including sign language, technology, or picture communication aids. Their care plans provided full information for staff about the action they should take to support the person to understand and to communicate with staff. Staff had a basic knowledge of commonly used Makaton signs (a form of sign language).
- Information about the service such as the complaints procedure was provided in easy read format and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to participate in social activities and encouraged them to try new activities. A

member of staff said a new gym was coming to the area and a person had said they would like to try it. People told us about a variety of activities they enjoyed including going bowling, swimming, to watch football matches, playing pool and craft activities.

- Staff supported people to maintain social relationships and avoid isolation. A person attended a weekly drama group. We heard about staff supporting a person to attend a 21st birthday party and to events in the community such as an ice event and a pantomime. Staff supported people to go on holiday in various locations of the person's choice. The registered manager told us of two people using the service who they were supporting to plan a holiday together to celebrate Valentine's day.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. People and relatives told us they were aware of how to make a complaint and that whilst they had not needed to, felt confident to do so. A relative said, "We have a contact number and can contact someone 24 hours a day and they will always do their best to help."
- People said that when they raised a minor concern, staff listened and addressed the issue immediately. When asked if they would feel comfortable in raising an issue with the registered manager, they said, "Yes, definitely, she is easy to talk to."

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the need to complete specific end of life care plans, to support people in receiving the care they wished at the end of their life. They said they would work with other professionals such as the palliative care team to ensure people received the individualised care they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had an open and transparent approach. They were keen to learn and make further improvements to the service. Staff said they were encouraged to contribute their views and raise issues.
- Both staff and people using the service said the management team listened to them and responded effectively.
- A person using the service told us, "I have had very positive responses from them (the managers) and I have been able to carry on independently which I couldn't have done otherwise." A relative said, "(My family member) loves his ladies. He didn't want the service initially, but they have achieved so much and he is able to stay at home, when otherwise he would have not been able to."
- The registered manager described their approach when things went wrong and demonstrated an inclusive and transparent approach with the person affected, and a willingness to learn lessons to bring about improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clear and staff had a clear reporting structure. People using the service and relatives knew the registered manager and care coordinator and told us they had a direct line to contact them when they needed.
- People were very happy with the service received. A relative said, "From my experience the quality of care and support has been first class".
- People were invited to provide formal feedback about their care through the completion of an annual satisfaction survey. We reviewed the results of the most recent survey and found they were uniformly positive. The management team had frequent informal discussions with people and their relatives and through this obtained feedback on the service and how the service could be better tailored to meet their individual needs.
- The management team also monitored the quality of the service on a monthly basis, although they did not always document their findings. Following the inspection, the registered manager confirmed that monthly audit forms to document the audits of timeliness of visits and other quality audits had been

introduced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt involved and engaged. Relatives told us of the parents and carers forum that had been developed by the management team and which provided them with support and information. A relative told us how much they appreciated the opportunity to meet with others in a similar situation, to obtain support and information and to hear about developments within the service. They told us the management team had arranged for external experts to speak at the meetings in response to requests. For example, a person had spoken about the social care benefits available.
- The registered manager held regular staff meetings and staff told us their views were listened to at the meetings. We reviewed the minutes of the meetings and found a range of topics were discussed including staff training opportunities, health and safety, safeguarding, quality improvements in relation to documentation, and changes to individual service users care.

Continuous learning and improving care

- A relative said, "In our opinion, the management team are genuinely committed to providing the best service they can for each user. We have appreciated their willingness to be flexible and adapt timetables as necessary.

Working in partnership with others

- Some of the people using the service received care from more than one service provider. Staff worked cooperatively with staff from other agencies to exchange information and ensure the provision of coordinated care.