

FocusAbility Support & Care Services Ltd

FocusAbility Support and Care Services

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

We carried out this announced inspection on 1 and 8 June 2017.

FocusAbility Support and Care Services is owned by a company called FocusAbilitySupport & Care Services Ltd. It is registered to provide personal care to people who live in their own homes. The service cares for adults of all ages, who may experience needs related to dementia, learning disabilities, autistic spectrum disorder, mental health, physical disabilities and sensory impairment.

The registered persons also operates a day care support service in the same building as the personal care support service although this type of service is not regulated by the Care Quality Commission (CQC).

This was the first inspection of the service since it became registered with The Care Quality Commission (CQC) on 29/05/2015.

At the time of our inspection the service was providing support for 42 people. 27 of the people were receiving support under the regulated activity the service is registered with us for.

There was a registered manager in place who ran the service. 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. In this report when we speak about both the company and the registered manager we sometimes refer to them as being, 'The registered persons'.

Staff knew how to keep people safe and about the actions they needed to take to report any concerns for the safety and welfare of the people they cared for. People had been supported to avoid preventable accidents.

Medicines were managed safely and people had been helped to obtain all of the healthcare they needed. There were enough care staff available to provide the care people needed and care visits were completed in line with the timings people had identified they had wanted.

Staff had received the training and guidance the registered persons had identified as required of them and staff knew how to support people with their personal care and support needs. People had also benefited from care staff using good practice guidance in order to keep improving the way they provided care.

People had been assisted to eat and drink enough to maintain their well-being and they had been consulted about the care they wanted and needed to receive.

People were supported to have maximum choice and control of their lives and care staff supported them in

the least restrictive way possible. Policies and systems in the service supported this practice. CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and care staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the MCA and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about how best to develop the service. Good team work was promoted by the registered persons and people and staff were supported to speak out if they had any concerns.

The provider and registered manager had a range of quality checks in place which had been completed and were on-going to make sure that people reliably received all of the care they needed.

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 knew how to take any action needed to protect people from abuse.

People had been helped to stay safe by avoiding accidents.

There were sufficient staff employed by the service to enable them to care for people safely.

Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they needed to undertake their role.

People's healthcare needs were met and people were helped to eat and drink enough to stay healthy and maintain their well-being.

People were involved in planning their care and any decisions made about care provision and staff understood how to apply the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff were aware of people's choices and care needs.

The registered persons and staff maintained people's personal information in ways which ensured it was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with the care they needed.

Staff recognised the importance of supporting people to make choices about their lives.

There were arrangements in place to respond to and resolve complaints.

Is the service well-led?

Good ●

The service was well-led.

Quality checks had been completed to ensure people were reliably receiving all of the care they needed.

People had benefited from care staff using good practice guidance to provide care.

People had been consulted about the development of the service and staff had been encouraged to speak out if they had any concerns.

Good team work had been promoted by the registered person's.

FocusAbility Support and Care Services

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.

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. In addition, we reviewed the information we held about the home.

In addition we sent questionnaires to 30 people who used the service, 30 relatives and friends and 11 community health and social care professionals. We used feedback sent to us by those who returned them to inform the planning for our inspection. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies such as commissioners of the service.

The inspection was conducted by an inspector and an expert by experience. An expert-by-experience is a person who has had personal experience of using or caring for someone who uses this type of care service. The expert by experience who undertook this inspection together with us had experience as a family carer of people who have used regulated services.

On 1 June 2017 our expert by experience made telephone contact with five people who used the service and the relative of another person.

We visited the administration office of the service on 8 June 2017. The inspection was announced. The registered persons were given a short period of notice because they were sometimes out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be available

to contribute to the inspection process. During our visit we spoke with five people and two relatives. We also undertook a visit to meet with another person who used the service at their home together with the registered manager. We did this in order to receive feedback on the care they received. In addition, we spoke with the registered manager, two of the registered persons, two senior staff members and three care workers.

We also received feedback from three local healthcare professionals who had regular contact with the service.

During our inspection visit we looked at four records related to the care people received and a range of records relating to how the service was run. This included policies and procedures related to how people were supported with their medicines, policies relating to staff and rotas which showed planned visit times. We also viewed staff meeting records, six staff recruitment records and the staff training information. We also looked at the records and the arrangements in place for managing complaints and monitoring, checking and maintaining the overall quality of the services provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. Comments we received ranged from, "They are absolutely fine" and "Yes because of the way they treat you" to "Yes absolutely safe." A relative commented, "We have never had any reason to believe [my family member] isn't safe." One person we spoke with told us how they were made to feel safe commenting, "The carers are kind and understanding. They took good care of me when I had falls. They were worried about me and let my family know immediately."

People also told us they could raise concerns directly themselves if they didn't feel safe and knew how to do this. One person said they would contact, "The head of FocusAbility, the Manageress."

Care staff told us how they used the care records people had at their homes as a reference for information about any risks and how to respond to these. This included any potential risks to people which had been identified and assessed in relation to the person and the environment they lived in. The assessment covered a range of areas including trip hazards, health and safety, infection control and any equipment which might be needed to help people to move around safely. When speaking with one person about how care staff helped them to move around safely they commented, "I have a walking stick, they are always behind me when I'm walking up the stairs in case of an accident."

Records showed that staff had received guidance from the provider and completed training about how to keep people safe from situations in which they might be at risk from experiencing abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was unsafe.

Care staff wore uniforms and had identity badges when they visited people at home so that people could be sure they worked for the service. Staff were also supported through the registered persons arrangements for lone working. Staff were issued with protective hand gel, gloves, aprons and clear information about how to summon any additional help they needed. Staff also told us if they felt unsafe they had access to personal alarms.

Care staff we spoke with told us that they were aware of any potential safety issues and actual risks that they needed to be aware of when they were allocated new work, for example, People were supported safely by care staff who used equipment such as hoists to help people move safely. One care staff member told us how they and another staff member supported someone safely in twos using special equipment to help a person move around in their home and a in a wheelchair when they went out.

Records demonstrated the registered persons had safe staff recruitment processes in place. We looked at the records of the background checks that the registered persons had completed before six members of care staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Other checks completed included obtaining references from relevant previous employers. These

measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered persons had also maintained an on-going recruitment process to help sustain staffing levels. Rotas we looked at showed the number of staff the provider had identified as being needed to give the care required were scheduled to do this, including where people required two care staff to support them with their personal care. The registered manager confirmed they used their on call arrangements and a small team of bank staff they employed to provide any additional cover needed. and that they did not need to use agency staff to fill any gaps when staff were not available to work.

We noted that some of the people who worked at the service were related to each other. When we spoke about the potential risks involved with deploying staff in ways which meant relatives might be working together at the same time the registered manager undertook immediate action. They produced a clear 'relatives working together policy.' After we completed our inspection visit the registered manager confirmed that a copy had been added to the registered persons staff policy folder and was available to all staff to read and sign to indicate they understood it.

The registered manager confirmed that most of the people who received personal care support needed assistance with taking their medicines. People we spoke with said and records confirmed that staff had provided them with the assistance with their medicines at the right time and in the right way. They also said that care staff helped them to make sure that they always had enough medicines available to take when they went out into the community so that they did not run out. One person told us, "I need medicines to support me with my epilepsy. I manage these myself but the staff remind me when I need to take them and that helps a lot."

The registered manager undertook checks to ensure the records relating to the way people were supported with their medicines were kept updated. When any issues had been identified actions had been taken by the registered manager and reported to external agencies in the right way to ensure people would continue to be safely supported.

Is the service effective?

Our findings

People told us they were confident that the care staff who visited them knew how to provide them with the assistance they needed and wanted to receive. One person said they felt confident, "Because of the way they treat me, they don't get embarrassed when they shower me."

In their PIR the registered persons told us how their training and development officer kept themselves regularly updated with changes to legislation and that they adapted training to meet these changes. During our inspection visit one of the registered persons confirmed they were an accredited trainer in subjects related to care and that they provided the lead for all staff induction and training. They and staff we spoke with also told us that if any of the staff team were finding it difficult to complete their induction additional support and resources were given to help them through it. This meant all of the care staff were assessed as competent before they gave care. We also saw the registered persons had clearly aligned the induction to the national Care Certificate which sets out common induction standards for social care staff. Care staff we spoke with told us they were completing or had completed the Care Certificate. As part of their on-going development the registered manager and care staff we spoke with also confirmed they were supported to undertake and complete nationally recognised qualifications in care.

Staff also told us and records confirmed a range of other key training was consistently provided. This included ensuring staff had training in areas such as; helping people to move around safely, infection control, food hygiene and privacy and dignity. Any additional staff training requirements were identified through the assessment process when people had requested support. Examples of training delivered to meet some of the specific needs identified included supporting people who lived with dementia, autism, epilepsy and working with people who had different communication needs.

Staff said they felt well equipped to care for the people they supported and that they regularly had the chance to discuss their development with the registered persons through supervision and a process of appraisal.

Care staff assisted people to maintain good nutrition levels and to eat and drink what they wanted. Some people lived with family members who prepared meals for them. Other people needed more support from care staff to prepare and serve meals, snacks and drinks. Commenting on the help they received one person said, "They help by helping to cook meals which allows me to stay at home." Assessment and care records included information about what people ate and drank, any allergies they had and any specific support people required with their meals.

People were supported to maintain their physical and mental health and well-being. One person told us how care staff helped keep their skin healthy saying, "At the moment I have a special shower gel they apply and cream to stop my skin from going dry." The registered persons told us how they worked closely and collaboratively with community health professionals to ensure people's care needs were met in full. People we spoke with confirmed this and described how, when it had been needed care staff were always careful to consult with them or their relatives about making contact with doctors and other healthcare professionals.

A community healthcare professional told us, "I have been involved with Focusability on numerous occasions both in the day centre and within their community support living cases. I have overall always found the staff team to be very interested in our input and always have a person centred approach to what we are implementing. The senior community support worker is always very amicable and efficient in disseminating the information down to the staff team, her overall approach to the people they support is of a high standard and also changes to meet the needs of the individuals."

People and relatives we spoke with said that care staff always respected their decisions and choices. We saw that the assessment records had involved discussions with the person and that the person had been asked to sign to say they consented to the levels of care identified as needed and agreed. One person's care record showed how plans had been developed to keep them safe from the risks related to going out alone. The risk assessment information included a 'missing persons' support plan which had been agreed together with the person and community and mental health professionals.

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. We found that the registered persons and staff were following the MCA in that they had supported people to make decisions for themselves. Examples people gave us included them and their circle of support being consulted with and staff actively listening to people who used the service, explaining information to them and seeking their informed consent before they gave any care.

Is the service caring?

Our findings

People and relatives we spoke with told us the care staff were kind and caring toward them. One person told us, "They are always chatty and make you feel comfortable, easy going and easy to talk to." Another person commented, "They always chat whilst I'm in the shower or getting dressed." Relatives we spoke with also told us how the visits their family members received from staff helped them to feel less isolated. One relative told us, "[My family member] likes the carers that come in, and likes the variety, different topics of conversation every day."

The registered manager told us that the office was open for people to visit during the day and we saw access to the office building was available for people who may need additional assistance to gain entry to it. During our visit to the registered person's office we observed office staff were friendly and helpful and that when people visited the office or contacted them by telephone they provided any information people asked for clearly.

We found the registered persons and care staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's circle of support so that they could co-ordinate and complement each other's contribution to the care being provided. One person told us, "When the staff go out with me as my carers I sometimes ask that they do not to wear uniforms or their badges. This helps me to be me without labels and the staff respect my request." In addition to personal preferences care records also contained information about any particular religion each person might have so that if needed this could be respected and supported.

Care staff told us they recognised the importance of not intruding into people's private space. People told us when they had been first introduced to the service they were asked how they would like staff to gain access to their homes. With this in mind a variety of arrangements had been made with people which ensured their wishes had been respected. For example some people had given permission for staff to access their home through the use of a key safe. One person told us, "I leave the door open for them, if I over sleep they have a key code."

Care staff said their training included talking about the importance of ensuring the dignity and privacy of people was always being maintained when they gave care. Those we spoke with gave examples of how they did this which included; making sure people had a choice about which room they received their care and that curtains and doors to bathrooms were closed when they gave personal care support. One person told us, "I used to be very embarrassed but now I feel comfortable, they close the bathroom door and curtains." A male care staff member told us how they showed respect for one person who they visited together with a female staff member saying, "When personal care is given I leave the room so that privacy and respect is given fully to the person."

Records showed that most people could independently express their wishes or had their circle of support to help them do this. However, for other people the registered manager had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are

independent of the service and who support people to make decisions and communicate their wishes.

Staff told us that they had received guidance about and clearly understood how to correctly manage and maintain confidentiality. We noted staff understood the importance of respecting people's private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. During our inspection visit we noted that staff only used people's initials when they spoke about the care they provided them with to protect their identity. In addition staff told us they were aware of the need to not discuss matters which were work related if they used social media to speak with each other and they were clear about the need to only use secure communication routes when discussing confidential matters with each other.

We saw that records which contained private information about people were stored securely. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

Is the service responsive?

Our findings

The registered manager showed us that in advance of any care starting they carried out a detailed assessment which included a visit to the person's home to meet with them and if appropriate, their circle of support. One person commented, "I have had no complaints about any services provided. They are usually punctual and understand each person's needs, managers spend time getting to know the persons individual needs and create care plans." Another person told us how important the service was for them saying, "I feel safe in my own home and don't need to go to a care home and I can keep my independence much longer."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included help with a wide range of everyday tasks such as helping with more intimate personal care, showering, bathing and dressing, using the bathroom and getting about safely. Care records included person centred information about each person's needs and how staff should work to ensure people are helped to be as independent as possible. One person's record included information about staff having behaviour support training to enable them to help the person prepare for their day whilst involving them as much as possible in the process. Another example included information about how a person had told staff exactly how they wanted care delivering. This had been recorded in detail in the person's own words saying, "If I choose to have a wash please use cream to wash my body with a sponge."

The registered manager and staff told us they had developed a key worker system so that staff were assigned to a small number of people each in order to get to know them and their needs better. Staff were clear in telling us who they were assigned to work with and one staff member told us, "It really helps build the relationship. We get to know when people have birthdays so we can plan for these." Another staff member said, "The role helps us to get to know people and ensure we are always giving choice. It is easy to take control. You might think it could be quicker if I just do a certain task. But actually giving real choice is how it should be, even if it takes a little longer."

Care staff told and care records we looked at showed they made a record of each visit they carried out. The information included details about the tasks they completed. These were collated and returned to the services office on a regular basis so they could be checked and maintained for reference by the registered persons. In addition to more formal annual reviews the registered manager showed us that the care records were kept under review using these systems and through feedback from people and care staff direct. Any care changes identified as needed were discussed with people and care plan records were adjusted as needed.

We also saw and staff told us that they supported people to maintain strong links with their local community such as going out for meals, to concerts and planned holidays together with staff. A number of people also regularly attended a day centre which was located separately but in the same building used by the registered persons for their personal care support service. One person told us about their experience saying, "I am happy with all the activities. I go to FocusAbility once a week." At the start of our inspection visit we saw some people were going out to the local swimming pool with support from staff. One person commented that, "You get used to the staff and build up a nice relationship." Another person said. Having

care support from staff who also get to go away with and do social things is great." A relative spoke with us saying, "It's the best thing that has happened in the area for us. Having a place to come to which is run so openly and with knowing that care can come into the home from the same staff is excellent."

When they told us about the care they received at home another person said, "I have known the carer who comes to me since they were little. It's a community service and I feel very much involved with it and comfortable."

The registered manager also told us how they had ensured visit call times could be kept flexible to enable people to do the things they wanted to. An example of this was given when one person had asked for their call time to be changed so they could attend the day centre each Friday.

All of the people we spoke with said they would have no hesitation in raising any concerns and one person told us, "As yet I have not had to complain as all there were brilliant." Information on how to raise a concern or make a formal complaint was included in the introductory information people received when they first started using the service.

We noted the information did not include the up to date contact details for the health service ombudsman. We raised this with the registered manager who undertook immediate action during the inspection visit to update the information. After our visit they told us the information had been re-circulated to all of the people who received a service. People told us they knew how to make a complaint and were confident that this would be handled properly by the provider. At the time of our inspection the registered manager confirmed there were no outstanding concerns or complaints.

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well managed. A person commented about this saying the, "Service provides good flexibility on visits. Some carers will return later if I'm late home, so that I do not miss a visit. Any concerns raised are always dealt with promptly. Managers easily accessible and even provide care themselves when required."

The service had an established registered manager in place who was also one of the registered persons. Staff we spoke with told us the registered manager was always available to provide support for them and that senior staff assisted with the leadership roles so that there was a co-ordinated approach to managing the service. This was evident in the way rotas were being managed to ensure staff knew where they needed to be and at what time and through our observations of care staff talking openly with the registered manager and senior staff about their roles and seeking guidance as they needed it in a positive and open way.

Care staff we spoke with confirmed they were issued with employee information and guidance to confirm their roles and which they said gave them information about their key responsibilities. Care staff told us communication was good and that the registered manager held senior and care staff team meetings regularly. Records of these were maintained so that any staff unable to attend could read these. One care staff member said, "It is important that things are organised well and they are. We work on our own a lot so having the communication working in the way it does is good."

Staff showed us that the agenda for each team meeting was planned with their input. One staff member said, "It gets put on the board with requests for agenda items so we can add to it if we want to." When we looked at the meeting records for January 2017 and March 2017 they included details about discussions related to mental capacity and how staff understanding and practice was being further developed through the use of information from 'Skills for Care'. We also saw the agenda for the next team meeting planned for June 2017 included a planned discussion and learning related to 'The Social Care Commitment.'

Staff were also asked for their views through survey questionnaires. A staff survey was completed in December 2016 with all of the feedback received by the registered persons being positive.

The registered manager told us and people confirmed they sometimes worked as part of the care team when it was needed. The registered manager also regularly spoke with people through telephone calls and the monitoring visits they undertook. They said this helped ensure care was being provided in the way people wanted and quality was being maintained.

Staff said that they were confident they could speak to the registered manager or any of the registered persons if they had any concerns about poor practice or the conduct of another staff member. Staff also said they were clear about the registered persons whistle blowing procedure and said they would not hesitate to use it if they felt any issues they might raise were not being fully addressed. Care staff described how they would also escalate any concerns they had to external agencies such as the Care Quality Commission (CQC)

and said they would not hesitate to do so if they had any concerns that remained unresolved.

The registered manager maintained a range of checks related to the care provided. This included making sure care staff were providing all of the time assessed as needed for the person and ensuring any changes to call times or delays in calls being made were followed up. The registered manager told us that any reported delays in providing care were checked and quickly followed up through contact with the person so they could be kept updated and to give them details about when the call would be taking place.

The registered persons also told us how they invited people to directly contribute their views of the service. This was through the use of direct feedback when they attended the services day centre and the review process they had in place. In addition they showed us they received feedback through the services website and social media site and through questionnaires which were periodically sent out to people and relatives to complete and return. The feedback information we looked at was very positive and the registered manager showed us they were preparing for a new survey to be sent out to people.

The registered persons told us, and we saw they had a business continuity plan in place in order to make sure staff and people would be safe and know what to do if, for example there were any disruptions in the service, for example due to severe weather conditions or shortage of staff. We saw the plan was reviewed regularly to ensure the contact information was up to date with the next review of the document scheduled in advance.