Care Quality Commission

Focus Care Agency Limited

Focus Care Agency Limited

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

Overall summary

Focus Care Agency Limited is registered to provide personal care to people who live in their own homes. The agency offers 24-hour support and care to people who have a learning disability, acquired brain injury and mental health needs and covers a wide geographical area which includes Suffolk, Essex and East Sussex. There were 18 people using the service when we visited.

The inspection took place on 16 March and 18 March 2015 and we gave the provider 48-hours' notice before we visited. The last inspection was carried out on 04 September 2013 when we found the provider was meeting the regulations we assessed against.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 safe as staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medication.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure that people's rights were protected. Staff were supported and trained to do their job. People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence.

Health risk assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told. There were strong links with the external community. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

Summary of findings

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were supported with their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme for their identified development was in progress.

People's social, health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services.

Good

Is the service responsive?
The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to take part in a range of activities that were important to them.

Good

Is the service well-led?
The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community to create an open and inclusive culture within the agency.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

Good

Focus Care Agency Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 18 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was 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. The expert-by-experience had personal experience of looking after a person with a learning disability and experience of people with mental health needs.

Before the inspection we received completed surveys from seven out of the eight surveys sent to people who use the agency. We also received completed surveys from eight of the 26 staff and from two community health and social care professionals. We also received information from two other health and social care professionals. Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the agency's office, spoke with five people and two relatives. We also spoke with the registered manager and five care staff. We reviewed four people's care records and records in relation to the management of the service and the management of staff. With their permission, we observed people's support and care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I don't feel in any danger. I can also tell my support worker (key worker) if I have any worries." Another person said, "I'm happy. I do feel safe. Knowing this is my home and every day I have allocated workers." A relative told us that they felt that their family member was safe and had taken comfort from this. The health and social care professional surveys also indicated to us that people were safe. People also said that they liked the staff and we saw that they were able to talk to them without any reservation.

The provider had submitted notifications that demonstrated they had followed the correct safeguarding actions and reporting procedures in the event of people being placed at the risk of harm. This included actions to review the suitability of members of staff. A social care professional told us that the provider had managed this example of a safeguarding incident, "Swiftly and discreetly". Since pointing out the problems to management, staff have changed and less able staff have left."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. Staff were also aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice, if needed. One member of staff said, "I know about how to blow the whistle and that I would be protected if I did." All staff who responded to the survey told us they would feel confident about reporting concerns or poor practice to their managers. This showed us that people were kept safe as much as possible.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were in or when they were out in the community. One person told us that they were aware of the actions that staff had taken to improve their safety when taking a shower by checking the person was safe. Another person told us that, if they were over the time when they were expected to return home, staff rang the person's mobile telephone number to make sure they were safe. They said, "Staff call me when I need to come back." Other risk assessments included those for moving and handling and the provider kept these under review in consultation with external health care professions.

Records of accidents and incidents demonstrated that actions were taken to reduce the risks of people having similar experiences. This included accidents and incidents when people had posed a risk of harm to themselves and to others. People's care plans and management of their complex behavioural needs were reviewed with other health care professionals. Staff were also aware of following a consistent approach in supporting people and had access to clear care plan guidance in relation to using this approach to manage such health and safety risks.

People said that there were enough staff to look after them and in a consistent way. One person said, "I don't want any more staff. It's awkward getting to know different people. It's alright as it is." A relative said, "Each one (staff) has a different approach but they are consistent (in following their family member's care plan)." The registered manager advised us that there was active recruitment to fill staff vacancies. Measures were in place to cover staff absences and vacancies with the use of bank or staff from another agency. This enabled people to be supported to receive individualised support to attend college courses, go shopping for food and to be supported by a member of staff to take a bicycle ride into their local town.

We saw that people were being looked after by patient and unhurried members of staff. This included providing people with one-to-one support when speaking with them and supporting them to make their own lunch. When people's complex behavioural needs increased and posed an increased level of risk of harm, people were supported by two staff members to keep people safe. People had access to sleep-in staff's staff mobile phone number if they needed support from them during the night.

People and relatives were given the opportunity to be part of the team in recruiting new members of staff. A relative said, "Staff are carefully selected to bring out the best in difficult clients." A member of staff told us, "People have come up with a set of questions they ask the person (prospective employee)." Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work for the agency. Staff recruitment files confirmed that these checks had been carried out before the prospective employee was contracted to work. A relative told us, "Staff are very clear about what staff are needed." The registered manager told us that the recruitment and selection process had been reviewed in line with the needs

Good

Is the service safe?

of people's individual needs. This had enabled the management team to be clear about the suitability and experience of staff in being able to meet people's individual and complex needs.

People were supported to take their medicines as prescribed and some people were independent with taking their own medicines, which had been risk assessed. One person told us that they were happy with taking their own prescribed medicines and that they were aware of when they needed to collect their next supply. We were also told, "I take my own medication. We have our own folders for staff to count how many tablets we have and we have records for what tablets we take." Another person said, "I've started to (learn) take my own medication and when I do, it's in front of staff. They ask me what colour are the tablets and they sign off my records when I have taken it (medicine)." People told us that they kept their medicines locked away in their rooms. They also told us that staff reminded and prompted them to take their medicines as prescribed and people's records provided evidence to support this. The use of 'when required' medicines was kept under review during management visits to people's homes. Staff advised us that they had attended training in the management of medicines and their records confirmed this was the case.

Good

Is the service effective?

Our findings

People said that staff were able to meet their needs and had positive comments to make about how staff looked after them. One person told us, "I'm definitely being well-looked after. The staff know what I need and I get it." A relative told us, "The staff are trained well to look after people." We saw that staff had a clear understanding of people's individual needs, including their communication and mental health needs and how these were to be met. This included speaking to people in a way that they understood. Staff also gave praise to nurture and encourage people to gain and maintain positive and socially acceptable behaviours. A relative told us, "I think staff are effective. [Name of family member] is not swearing as much."

Members of staff said that they had the support and training to do their job, which they said they enjoyed. A member of staff said, "I really enjoy my job. I'm very lucky to be here. I enjoy seeing people's confidence increase, such as making their own appointments." Another member of staff said, "It's pretty good working here. I'm really settled in my job role. The manager is really supportive and that's what you really need as this job can be very stressful." We were also told, "There is always someone (manager) in the office and there is an on-call manager. All staff have a manager to hand. My manager is always on the other end of the 'phone in a supervisory capacity."

Staff were knowledgeable and trained in a range of subjects, which included managing people's behaviours that challenge, safeguarding people from harm, application of the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and medication. The staff training records confirmed that staff attended refresher training. Staff told us that they received one-to-one supervision support during which they discussed their training and development needs and work-related topics. A member of staff said, "I'm now doing a management course. [Name of registered manager] is really supporting me with this." As a result of training from the provider, we found that staff had an awareness of the CQC's new approach to inspecting under the five key questions and applied this learning when producing monthly quality monitoring reports. The surveys told us that staff received the training and support to do their job.

Assessments had been carried out, in line with the principles of the MCA. We found that people were supported with making their decisions and had no unlawful restrictions imposed on them. One person said, "If I want to go out, I can go out. I have my own (door) key. I'm going to do what I want this afternoon." A member of staff described how they supported people who were assessed to lack capacity to make decisions. They said, "We do give people covert (hidden) medication but this was based on the best interest of the person and it had been agreed by us, the GP and social worker." The registered manager advised us that DoLS applications had been made in line with the agreed arrangements with appropriate authorities and records confirmed that this was the case.

People said that they had enough to eat and drink and we saw that they could choose where and what they wanted to eat. They also told us that they were involved in planning their weekly menus and some people were using family recipes and making up their own cookery books. We saw people were supported in making their lunch and had prepared their packed lunch in readiness for the following day.

A relative said, "[Name of family member] goes out shopping (with staff) and everything he now buys is fresh as it didn't used to be where he previously lived." We saw that people were encouraged to maintain a healthy weight and their weights were monitored, based on people's individual nutritional risk assessments. Dieticians provided people with nutritional advice when this was needed. A person said that they were pleased with the progress they had made in improving their body weight. When people were less motivated to make their own meals, staff supported them with this. Assessments were in place for people at risk of choking. Staff were aware of these risks and encouraged people, who were assessed to be at risk, to eat more slowly.

A relative told us that their family member's level of mobility had improved since they were supported by the agency. They told us, "Before (this placement) they (staff) used to put him in a wheelchair. Now he uses a rollator (walking aid) and he can now come to my house. He whizzes by and he's having fun. He's laughing more."

We found that people's complex needs were being very well met, where they were not previously being met

Good

Is the service effective?

elsewhere, which had included specialised hospitals and private rehabilitation units. Therefore, the likelihood of moving to an alternative place to live (and becoming unsettled) was reduced.

People had access to a range of health care professionals to maintain their health and well-being. These included GPs, neuro-psychologists, well-women screening services, dentists, physiotherapists, occupational therapists and dieticians. To support people's emotional well-being, they were supported to access a counsellor. People said that they were aware of the reasons of their attendance to GPs and were also aware of when their GP and dental appointments were next due.

Good

Is the service caring?

Our findings

People said they liked and got on well with the staff. People knew the names of their key workers (staff who were key people to look after individual people) and told us that they had good relationships with them. One person said, "I've got loads of support. There is a lovely team leader and an amazing key worker. They (the staff) are all equally good. I've never been so settled. It's lovely." A relative told us, "[Family member's name] has been through a lot before this place but since he's been here, it's the best place we've had. He decides when he wants to go to bed. He likes his own company and staff know what he likes and doesn't like."

People told us that staff knocked on their doors before they gave their permission for staff to enter and people's records confirmed that staff respected people's privacy. Staff were able to tell us how they promoted people's privacy and dignity. A staff member said, "We ask people if we can use their toilet when we need it. We knock on their doors (when we want to go in) and we give them space and privacy, especially when they get visitors."

We saw that staff treated people were dignity, respect and kindness when supporting them during lunch time and counting money with them before going shopping. People were also asked what support they needed to cook their chosen meal.

One person said, "I wanted to move out from my parents. I wanted to do more cooking and be more independent myself. It's definitely happening." The person had become independent with making their own meals and booking their own GP appointments and telephoning for a taxi for personal use. Another person wanted to be on a television programme to increase public awareness of the experiences of people living with a learning disability. They told us, "My (care) staff were really up for me and encouraged me to do it." People's care records demonstrated that people were actively involved and supported to make decisions about what they wanted to do. Staff were aware of people's individual needs and enabled people to realise their goals and aspirations.

Advocates are people who are independent and support people to make and communicate their views and wishes. People were supported to access both mental health and general advocacy services, and had this information to hand. One person said, "It's in the front of my folder." Staff advised us that people were supported by an independent advocate to support them in their decision where they wanted to live. A relative said that they had found this independent advocacy support was useful for their family member and for them.

Good

Is the service responsive?

Our findings

One of the main aims of the agency is to rehabilitate people to enable them to become more independent. A person told us that they wanted to learn to become independent in the self-administration of their medicines and they were being supported to achieve this personal goal. Another person said, "I thought I would not get this far. I can book my own taxis now and appointments like the dentist." This person also wanted to learn to be independent with managing their money and was being supported to attend an interview for a related college course, in numeracy. This showed us that the service did not see people's disabilities as a restriction but encouraged people to exceed their aspirations.

People were encouraged to take part in the planning and reviews of their care and had written their own monthly evaluation. People had also signed their monthly care plan reviews to confirm that they had been involved in the process. They also told us that they were aware of their activities programme and had been involved in developing these. A member of staff told us, "Once a month we do our evaluations (of people's care plans). We sit together (with the person) and go through each point. There are 12 points and any changes we discuss together and sign the care plan." In addition, a relative told us that they had been actively involved in the decision making process in setting up a new service. They said, "Any changes I suggest are taken very positively."

People were supported to take part in a range of work-related, educational and recreational activities that were meaningful to them. These included paid and voluntary work, attending college courses and eating and drinking out and spending time with their relatives and friends. One person said that they enjoyed taking care of young children and another person said that they were looking forward to attending a job interview.

People were supported to maintain contact with their friends and relatives and make new friends. A relative told us, "[Name of family member] is now in a place where he has lots of friends and quite a few people visit him." They also told us that they were able to see their family member due to the close proximity of where they now lived. Another person said that they often visited their relatives and said, "I'm going to my mum's at Easter." We saw that people interacted well with people they were living with. A person told us that they kept in contact with their siblings and had a positive relationship with their key worker. They said that they were comfortable with these contacts and liked to live alone. The registered manager advised us that when people preferred to live on their own, people's choice and decisions were respected.

There was a complaints procedure in place and people and staff were aware of this and how to use it, if needed. One person said, "I would speak with my key worker but I can go to anyone else if they aren't here." The record of complaints demonstrated that people's concerns and complaints were responded to. This included the management team holding face-to-face meetings with the complainants and the complaints had been responded to the satisfaction of the complainant. There were no recurring themes or trends to the nature of the complaints which told us that people's concerns were of an individual rather than a general nature.

Good

Is the service well-led?

Our findings

People were actively involved in the running of their supported living schemes. This included the setting up of a new supported living service and a relative's views and suggestions had been taken into account. People also had attended house meetings during which they were enabled to tell the staff what they wanted. One person told us, "We have loads of house meetings. We sort out our money and we make suggestions what we want to do. If we have problems we can sort it out as this is our house and we say how we want it to be sorted out. We had a house meeting yesterday and we were discussing whether we needed to change our gas and electricity provider."

Staff gave examples in relation to supporting people to apply for house improvement grants and to find an alternative provider of gas and electricity. This showed us that staff were clear about their responsibilities and were enabled to contribute to the running of the supported living schemes.

There were strong links with the community with people attending college courses, being on a television programme and attending work-related venues. Where people were at risk of social isolation they were supported to increase their level of confidence and independence to integrate into the community.

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance. Staff told us that they enjoyed their work and had the support and training to support people's individual needs.

Staff were aware of the aims of the agency, which was mainly rehabilitation. One member of staff said, "It's getting people to become more independent. At first [name of person] was not able to cook. Now they've got their cooked breakfast off to a tee." Another staff member told us, "The main aim here is rehabilitation. And to be able to support a person to become as independent as possible. To live a regular (normal) life as possible. To give them choice."

When needed, the management team had made contact and worked with a range of clinical staff and health and social care professionals. In addition, the management team had worked with authorities who were responsible for paying for people's support and care. This was so that people who used the agency were supported to have their needs met in a safe and appropriate way. A social care professional told us, "Focus (Care Agency Limited) has pulled out all the stops to support a very difficult set of circumstances recently and have an excellent manager in place for the area. I would say her performance is outstanding. When we have experienced problems in the past the management team have dealt with issues very well and I have been satisfied with all outcomes."

A registered manager was in post and people knew their name and also names of other managers. One person said, "I see [name of senior manager] and they ask me the same questions that you are asking me." A relative told us, "I have [name of manager] mobile number and if I leave a message she always rings back." The registered manager told us, "I wanted to work here because I found [their manager's name] to be inspirational. We shared the same philosophy of care. The philosophy of the company is person centred care and a strong recovery focus."

The provider and registered manager had submitted notifications as required. This and our observations, and records viewed demonstrated that they were aware of their legal responsibilities as registered persons.

Policies and procedures had been updated and were in line with the regulations and our five key questions. In addition, monthly quality monitoring reports were recorded under these five key questions. The reports had been completed by managers and the information was shared with the registered manager. An analysis of the information was carried out to determine any trends. The registered manager and staff advised us that there was a reduction in the number of incidents and accidents as a result of effective management and support of people's complex needs.

The registered manager advised us that external providers, who offered guidance and support, had been accessed to support the provider's quality monitoring procedures. These included self-assessment and auditing of the standard of people's support and care and quality measures in relation to dignity in care.