

Focus Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Focus Care Services Limited is a service providing care and support to people in their own homes. At the time of the inspection the service was providing support to 16 people, but only 8 of those were receiving support with personal care. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection relates only to people receiving the regulated activity of personal care.

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

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.

People were pleased with the quality of care and support they experienced. They told us they felt safe when support workers were providing support to them.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager. Safe procedures were in place to make sure people received their medicines as prescribed.

There were enough staff available to ensure people's care and support needs were met. The same support workers supported people most of the time. The provider recognized this was important to people. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005. 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 were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence.

Staff supported people to have enough to eat and drink and to access healthcare services when they needed. They telephoned for doctors or nurses to attend to a person if they were unwell.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People were treated with respect by staff who showed compassion and understanding.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible.

People knew how to complain and were confident the registered manager or other staff would resolve their complaint.

People who used the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed. Some of these systems needed firmly embedding into practice to ensure they were fully effective

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

Rating at last inspection and update

The last rating for this service was Good (published 29 September 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 ●

Focus Care Services Limited

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 team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 12 September 2019 and ended on 13 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

On the 12 September 2019 we spoke over the telephone with two people who used the service and two of

their relatives about their experience of the care provided. We also spoke with five members of care staff over the telephone.

On the 13 September 2019 we visited the office location to see the registered manager and spoke with one member of care staff, we spent time looking at written records, which included five people's care records and three staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

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 were kept safe from abuse and improper treatment. People and relatives spoken with had no concerns about their family members safety or well-being. Comments included, "I feel very safe when my care staff are here," and "We are getting older now and it's great that you can relax and know that our [Relative] will be safe and cared for in the future."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. Staff told us they had completed training in adult abuse which was updated yearly.
- We saw the provider had safeguarding adults at risk and safeguarding children policies and procedures. They also had a whistleblowing policy and procedure.
- The registered manager understood their responsibilities and worked with other agencies to make sure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and information was recorded in people's support plans to manage the identified risk.
- Staff spoken with were aware of any risk assessments in place and told us these helped to keep people safe from harm. One staff member told us, "The senior team ask our advice about how to keep people safe and then they write the risk assessments and include our input."
- The service helped people to live well at home and reduce risks to their health. Staff were aware of how to report any changes to people's needs and could call for additional support from the office at any time.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People told us care and support was provided by a consistent group of carers.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support. Comments from staff included, "There are always enough staff," "We are given our rotas a month in advance" and "There are specific teams of staff that work with specific people, so that people always get consistency."

Using medicines safely

- People and their relatives told us they had no concerns with the support they received with their

medicines.

- All support staff were trained in the safe administration of medicines. Following training, checks of staff competency were reviewed at least yearly. If any concerns were noted, action such as re-training and supervisions were completed.
- People's medicines were stored safely and securely in their homes

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training.
- Staff had access to appropriate personal protective equipment (PPE), such as plastic gloves to be used when delivering personal care.

Learning lessons when things go wrong

- Accident and incidents were recorded. The registered manager then looked to see if any themes and trends were emerging and completed an action plan to prevent reoccurrence of the incident.
- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service. Team leaders at the service encouraged staff to look at what could be learnt when something went wrong.
- Staff discussions took place to give them the opportunity to give their feedback about what could be done to prevent further reoccurrence of the any accidents or incidents.

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.

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- We saw people's care records contained comprehensive consent to care documents. It was clear where people did not have capacity and would require support with making some decisions.
- Where people had a court order in place to restrict their liberty, staff signed to say they read and understood this and adhered to the court of protection ruling to ensure people's safety.
- Where people did not have capacity to consent to care, we saw their relatives or advocate had been consulted, as appropriate.

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

- The registered manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.
- People and relatives told us, "The registered manager is really approachable, they listen to what's important to [relative] and they make sure they get what they need," and "They [care staff] always listen to what our [relative] wants and they [care staff] will go out of the way to support them with their choices."

Staff support: induction, training, skills and experience

- Care workers told us they received training to ensure they had the skills to meet people's needs. Training included areas such as first aid, health and safety, moving and handling, safe handling of medicines and safeguarding adults. Staff said, "The training we receive is good," and "We refresh our training every year and

there is lots of training available."

- New staff received an induction which included shadowing senior staff.
- Staff had supervision meetings with the registered manager and other senior staff. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the person's home just before or during a visit by a member of care staff, so they can observe them going about their duties and check they are working to the required standard.

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

- We saw the Focus Care Services raised concerns about people's wellbeing to community services such as the mental health teams or the person's GP, and supported people to attend hospital or other medical appointments if needed.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care plan.
- Support plans had information about peoples' dietary needs, their preferences or cultural dietary requirements.

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.

Respecting and promoting people's privacy, dignity and independence

- People's and relatives views about the staff were positive. Comments included, "The staff are very good, they are so kind and caring," "The staff are wonderful," "They often go above and beyond," and "The staff are always great, they always treat me with respect."
- People told us care workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible. The registered manager told us, "It's important we support people to continue to live independently in their own homes. I tell staff not to do for people, but to enable people and to support them to be independent so they can end their days in the places they live and love."

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

- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Care records were written in a respectful way.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their families were able to contribute to their care planning.
- Reviews of people's care plans recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned.

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

- The service applied the principals and values of 'Registering the Right Support' and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, control and independence.
- People told us they received personalised care that was responsive to their needs. People and their relatives told us they were consulted about every aspect of their support. Care plans were person-centred and explained exactly how they people liked to be supported.
- Care records included background information about the person's social history, and their likes and dislikes. It was clear to us they had been devised and reviewed in consultation with people and their relatives, where appropriate. One person told us, "The care plans are really good, they tell you about the person, their younger days and their likes and dislikes."
- The staff we spoke with understood people's needs and preferences, so people had as much choice as possible.
- Staff kept people's care under regular review. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
- Staff told us they had time to read people's care records as part of their induction. Staff kept up to date with any changes via handover meetings and reading people's daily notes.

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.

- Peoples communication was known and understood by staff. People's care records contained sight, hearing and communication guidelines. These contained excellent, person-centred guidance for staff on how best to communicate with people.
- We saw information was made available to people in a format they could understand.

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

- Activities were planned with people taking into account their interests and preferences. One member of staff told us, "We support people to go out during the day, in the evenings and on holidays. It's about knowing the person and what their likes and interests are and helping them do what they want."

- People were supported to access the community. People told us about attending clubs, going shopping and going on day trips out and holidays.
- Family and friends were welcome to visit people any time and encouraged to join in with any planned events.

Improving care quality in response to complaints or concerns

- There was an established complaints procedure. People told us they had seen information about the service's complaints policy, but most people told us they had not used this as they did not have any concerns about the service.
- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with quickly.

End of life care and support

- The service had supported several people with end of life care.
- The registered manager and staff team were passionate about ensuring end of life care was carried out respectfully, with thought and in line with people's preferences and choices.
- Where people had chosen, care files contained details of people's wishes and the support they wanted at this time of their life.
- One card we reviewed was complimentary about how staff supported their family member with end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager told us they had an 'open door' policy for people receiving a service, their family members and others such as staff. Staff told us that they felt well supported by the manager. They said they felt there was an open and transparent culture in the service and they were comfortable raising concerns.
- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing experienced staff.
- Various quality checks were made to ensure people were receiving the service they wanted, and their needs were being met. However, we found some aspects of the quality assurance system needed improving. For example, the registered manager told us that although they monitored specific areas of the service there was no overarching quality tool to enable the manager to have oversight of the service. The registered manager told us there were a few improvements that were needed to strengthen the service. These included recruiting extra staff to enable the registered manager to develop systems to help monitor and review the quality of the service to help drive service improvements.
- The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

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 provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Everyone we spoke with said they would recommend the service. Everyone knew the registered manager

by name and spoke very positively about them. Comments included, "[Name registered of manager] is very good," and "[Name of registered manager] is very person centred, they have very high standards and that makes sure we provide a better quality of service."

- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately.
- Care workers told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with. One relative we spoke to told us, "Both the registered manager and the care staff are very good, they are very approachable, the registered manager does well for continuity both inside the service and out."

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

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who used the service and outside agencies who were involved in the service. One person told us, "I know I can give my ideas and not be criticized. I feel confident I can speak out."
- People's views were sought through direct contact from the registered manager and other senior staff and annual surveys. Quality assurance surveys, 'My health, my care my say' had been sent out to people who used the service, relatives and stakeholders in January 2019. The feedback from these surveys was used to inform service improvements.
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service. Comments included. "It's a brilliant staff team. We just bounce ideas off each other, I tell people it's my for-life job. I just love it, "[Name of registered manager] listens to what we think about what's working and what's not working and then makes the changes," and "I would 100% recommend the service, they treat people how you would want to be treated yourself, I love working here."

Working in partnership with others

- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.
- The registered manager and staff at the service had a close working relationship with other healthcare professionals, including GP's, district nursing services and the SALT speech and language therapy team. This helped to ensure people were receiving the right support at the right time.