

## The Focus Foundation

# The Focus Foundation

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

The Focus Foundation is a domiciliary care agency and supported living service providing personal care to people. The service is run by a Jewish organisation to support members of the Jewish community. The service provides support to older people or younger adults who may live with a physical disability, learning disability or autism. At the time of this inspection the service supported 38 people, however 6 received support with their personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** People were at the heart of the service and were respected and valued as individuals. People received exceptional care because staff and the management team were passionate about providing people with high-quality person-centred care. People were supported by staff with the skills and experience to provide excellent quality care and support, which included training to enable them to provide tailored support to meet individual needs and support them in their lifestyle choices.

There were several special examples of staff going the extra mile to ensure people received a tailor-made service. Staff continuously looked for ways to enhance the quality of people's lives. 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. Staff demonstrated they understood people's diverse needs and respected their equality such as age, disability and gender.

**Right Care:** Staff were all respectful and understood people's cultural needs. Staff provided culturally appropriate care and support respecting family traditions, ways of living and communicating. People received excellent care and support from a dedicated staff team who knew people's needs exceptionally well. Staff were passionate about achieving the best outcomes for people to support them to live the life they wished. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so.

**Right Culture:** Staff turnover was very low, which supported people to receive consistent care from staff who

knew them well. Staff placed people's wishes, needs, and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 22 July 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Focus Foundation

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 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.

#### Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats as well as providing care and support to people living in 'supported living' settings, so that they can live as independently as possible. At the time of inspection, although they were registered to support people in a supported living setting, this was not being undertaken. In supported living settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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.

### What we did before the inspection

We reviewed information we held about the provider and the service. This included information we had received from the service regarding any incidents or accidents and any feedback received from the public and professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During our inspection we spoke with 2 people, 3 relatives and a professional. We also spoke with the nominated individual, registered manager, 2 service managers, 1 senior support worker and 5 care staff completed a questionnaire we sent them. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records for 3 people and various medicines records. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. People had individual risk assessments in place which offered advice and guidance for staff.
- A positive risk-taking approach was adopted at the service, which supported people in the development of skills and independence. People were supported by staff to consider any potential risks and how these could be mitigated. For example, a dynamic risk assessment was undertaken for 1 person to look at strategies on how they could independently administer their own medicines.
- The registered manager and staff team were extremely knowledgeable about people's known risks and were able to anticipate and identify concerns swiftly. This enabled staff to respond quickly and where required consult with healthcare professionals.
- People were fully aware of their individual risks and were involved in developing and creating their care plan with staff. This meant people were informed of any actions staff might take to mitigate risks to ensure they remained safe.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager had robust systems in place to oversee, monitor and effectively manage any safeguarding concerns. The provider's safeguarding policy set out staff's responsibilities to respond to abuse.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. One member of staff said, "I wouldn't hesitate to raise safeguarding concerns if I suspected something."
- Information was analysed on an individual level following any episodes of safeguarding. The registered manager adopted this practice to identify the root cause for concern at the earliest opportunity to prevent reoccurrence of harm.

### Staffing and recruitment

- Staff were deployed in ways that met people's needs. Detailed consideration was given on an individual basis to ensure call times reflected how people like to spend their time, and their needs for consistency. This meant staff were well supported and people received consistent and compassionate care and support.
- The service had experienced challenges in recruiting staff due to national care staffing pressures, but we were assured the service was safely equipped to provide consistent support. Staff turnover at the service was low and staff felt valued. One staff member told us, "I definitely feel supported in my role as a support worker. I understand who to go to when help or guidance is needed. I also believe that I am not just 'a number' that works for the organisation. There is a 'human touch' throughout the organisation. I feel listened to, understood and respected."

- Staff were recruited to work with individual people. Staff files contained all the necessary evidence including full employment histories, Disclosure and Barring Service (DBS) checks and relevant qualifications, in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Systems were in place to support people with their medicines. Staff who administered medicines undertook training and their competency was regularly assessed.
- People were supported and encouraged to manage some or all aspects of their medicines where they had chosen to do, which included the ordering of prescriptions and taking their medicines independently.
- The provider's quality assurance processes were robust and ensured safe medicines administration.

#### Preventing and controlling infection

- We were assured that staff were using PPE effectively and safely. Staff confirmed and records showed they received training on infection control procedures, to keep staff up to date with current good practice and current legislation.
- There was an infection control audit and policy in place to ensure staff followed the most appropriate infection control procedures.

#### Learning lessons when things go wrong

- Incidents were documented and reported to the registered manager, provider or other relevant agencies to ensure people continually received safe and effective care.
- The management and staff team were keen to continuously improve, develop and learn from any events that may occur. Where incidents had taken place, the registered manager had reviewed these events to ensure learning took place to prevent any re-occurrence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to carry out their role with confidence.
- Staff told us their induction and training programme was good. The training matrix showed staff had received training in topics such as safeguarding, autistic spectrum conditions, learning disability awareness and cultural awareness training. One staff member said, "When I started with Focus, we had a 3-day training and induction, which was very informative and relevant to help me in starting my role, and I felt comfortable lone working."
- Staff were supported to attain The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice.

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

- Assessments were developed into a person-centred care plan, to promote people's independence wherever possible.
- People's care plans considered people's diverse needs. For example, areas covered included people's heritage, beliefs, cultural requirements and lifestyle choices.
- Support plans and documentation demonstrated evidence of planning and consideration of the longer-term aspirations of each person. For some people housing needs were also identified and staff advocated strongly on people's behalf to secure appropriate long-term housing.

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

- People were supported by staff to monitor their health and welfare. There was a pro-active approach to promoting people's health and welfare. The registered manager provided an example of where they supported a person through a process of seeking awareness on relationships. This had a positive impact on the person involved and empowered the person to make informed decisions.
- When required people were supported to make and attend health care appointments, which included hospital, dentist, and GP appointments along with routine health screening. The provider maintained a schedule of health checks and reviews and their outcomes.

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

- People were supported to maintain a balanced diet. People were able to eat and drink in line with their

cultural preferences and beliefs. Staff knew people's favourite foods and food related habits and rituals and understood the importance of them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Care plans documented whether people had capacity and if they required any support with making decisions.
- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- Evidence of people with Lasting Power of Attorney's was requested, viewed and a record of the document obtained.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff demonstrated empathy and a real understanding of people's needs. For example, staff providing holistic support to people to ensure individuals needs are met ensuring improved outcomes.
- People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexuality. The provider created a culture whereby people came first. The staff team would plan people's support in advance of upcoming Jewish festivals to ensure people could celebrate these occasions with their families. However, if the person didn't have family, the staff team looked at alternatives whereby people were offered the opportunity to be hosted by local families who were willing to offer their hospitality and reduce loneliness. One relative told us, "The care and dedication beats them all [other care providers]. This is a proper caring service. They always want to please."
- People and their relatives shared examples of the exceptional care and support they received and of the positive relationships they had with the staff. All staff were described as very kind, very caring and lovely. One person told us, "The staff treat me with dignity and respect. They understand." One person's relative told us, "Yes, they are kind and caring. I immediately had a positive image of Focus Foundation. They try their best of new ways to help, which is fantastic."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. This attention to detail meant people received bespoke personalised care. Where this was not possible staff, and senior managers, advocated robustly for people and this persistence and commitment to people had led to people securing housing that better met their specific needs, while improving well-being and people's independence.

Respecting and promoting people's privacy, dignity and independence

- People were praised for their achievements and encouraged to meet their goals. One person prior to receiving support from the service struggled to manage their own finances. This had greatly impacted the person's well-being. Once the service became involved the person engaged well, and with daily support from staff they created a budget that assisted the person manage their finances. This had a positive impact on the person and lowered their anxiety and helped them budget for a holiday.
- Staff supported people to seek paid or voluntary work, leisure activities and widening of social circles to promote their independence. One person the service supported did not have many friendships. Over time the staff team sensitively and patiently encouraged the person to join in with other social events where they could meet new people. This had a positive impact for the person where they have developed meaningful and consistent friendships, which have improved the person's social life and well-being.

- Staff routinely sought leisure activities and widening of social circles for the people they supported and discussed how they kept alert to events that the person/people may enjoy. Staff were very focussed on the benefits of people's involvement in their communities and in activities that brought them joy. They had a solution focussed approach, considering potential challenges and triggers, to ensure people had the best chance of success.
- People were supported to take control and make choices about their care and support. One person wanted to become more independent, however the accommodation where they previously lived did not enhance the person's independence and was impacting their well-being. The service went above and beyond to create a personal pathway plan. This had a life changing impact for the person, where they now live in an adapted property, and they have all of the equipment necessary so they can be empowered to be as independent as much as possible.
- People were actively involved in their care and support. There were advocates available to support people where required. The registered manager provided examples of where they referred people to advocacy services to ensure people could have assistance to express their views and wishes.

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

- People were supported to take control and make choices about their care and support. Positive risk-taking promoted independence and improved people's well-being. One family member explained how the service supported their family member to get back into employment, ensuring this met the person's needs. The relative commented, "We have got the right support in place, and this is the most comfortable I've ever felt with a care team."
- All decision-making centred around the person. Staff provided advice and guidance but ultimately left the decision up to the person. One person explained that they were "very involved" and could alter the care support when needed. They said, "There's no rules, I come and go as I please."
- Staff were highly skilled at finding accessible ways to communicate with people to reduce barriers and ensure people could make life choices. One relative said, "The staff know [person's name] likes and dislikes. [Person's name] is non-verbal, that's why I am selective in choosing staff."
- One social care professional told us staff were, "In relation to Focus Foundation I have found them to deliver person centred care packages to the people they support. They review care packages on a regular basis, they are very good at reablement rather than disabling people. They match up staff to people and provide consistency."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's needs were met in an exceptionally personalised manner. The service had gone the extra mile to find out what people wanted to achieve and supported people where possible to reach these goals.
- Staff went the extra mile to support people with their spiritual needs. For 1 person the service introduced a bespoke timetable of support to ensure they were able to be a part of a shiva ceremony in memory of a close family member. The service provided compassionate support to this person and supported them through the shiva, enabling the person to participate in the ceremony. Shiva is the 7-day Jewish mourning period. During shiva, friends and family visit those who are mourning as an act of support and friendship.
- People received exceptional, highly personalised care, which was continually adapted to meet their needs. 1 person had periods of very low mood and had become isolated. The care workers were sensitive to their needs, provided constant reassurance, and this developed a trusting bond. This enabled the person to overcome a number of personal barriers and to access social activities in the local community. This person recently found the courage to speak at a public event in front of 200 people which in the past would not have been possible for them.
- Staff encouraged people to try a range of pursuits, education and work-related activities to lead a fulfilling life. The service employed a volunteer manager who regularly met with people and looked at opportunities in the community that met people's interests. This was making a significant positive impact for people. For 1 person in particular a job was identified for them that would meet their interests and ability. This person had a number of health barriers, however with the consistent support provided by staff they were sensitively supported through the employment process.
- The service was very proactive and responded quickly to new issues as they arose. The service was contacted by a health professional who was very concerned about a person who needed a service that could culturally meet their needs. The service carefully handpicked a small group of experienced support workers. With consistent support provided by a consistent staff team, over time there was a noticeable vast improvement in the person's health and wellbeing. The service was also able to provide respite for the person's family at short notice. This would have been highly unlikely in the past without this consistent support provided and greatly improved the person's wellbeing as well as that of their family.
- Care plans were very detailed and included personalised information around individual's needs, including specific detail about their likes and dislikes. For example, 1 person was very particular in the way they needed to be supported and in the past, had left other care providers as their preferences for care could not be met. The service built a core of experienced staff to ensure they could meet this person's needs sensitively and the care plan detailed the approach staff needed to follow. The approach meant the person was able to remain living independently in their own home. This demonstrated the effectiveness of the

personalised plans and oversight in improving outcomes for people.

- Relatives told us how staff would go above and beyond for their relatives. One relative said, "It is not a business, it's a service for the community. At short notice the service facilitated a new support package for [person's name] to allow my family to go on holiday."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person.
- Staff had excellent awareness and understanding of individual communication needs, knew how to facilitate communication and when people were trying to tell them something. Relatives commented on the skills staff developed and were reassured their loved ones were heard.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.

#### Improving care quality in response to complaints or concerns

- The provider, registered manager and staff took a personalised approach to address any complaints or concerns.
- People were provided with the information they needed to make a complaint, including external agencies they could report complaints to. Any minor issues raised, no matter how small, were logged, reviewed and a response provided to the person in accordance with the provider's complaints policy. This response was provided either in a written format, or, for minor issues via a phone call.

#### End of life care and support

- There was nobody receiving end of life care. However, we were assured that the registered manager had the skills and knowledge to involve all relevant health professionals and relatives if any person entered this stage of their life.
- The provider work alongside another organisation to develop an end-of-life easy read booklet. The provider adapted this booklet to ensure it met the needs of people from the Jewish community.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and management team were committed to achieving good outcomes for the people they supported. Staff praised the values and aims of the management team and were proud to work for the agency. Comments from staff included, "I feel I am well supported in my role. I can ask for help and feedback by both service managers, my registered manager, and the chief executive officer (CEO), all of which I have good working relationships with and, "The senior managers are all approachable and I believe if I had any concerns, I would not be put off to raise them with any of them."
- The service was well-led by an experienced core of senior managers. One person's relative said, "Management is amazing. They will help and support my family."
- The values of The Focus Foundation were part of the mission statement in their statement of purpose. It was evident that all staff followed the same principles and worked to the same aim to enable people to live. People were supported to reach their aspirations and live the life they wanted to, whilst achieving their individual goals they had set for themselves. People were encouraged to think beyond what might be considered by society as usual.
- The provider was aware some of the staff employed did not come from a Jewish background. Staff were provided with awareness training to assist them to provide a religiously appropriate service to people. One person's relative told us, "Focus Foundation have an understanding of the clients and their families' religious beliefs and lives."

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

- The management team were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.
- The provider organisation had clear structures embedded to share learning across the service. There was a strong leadership team in place in order to enhance oversight at the service.
- The registered manager had effective quality assurance systems in place. Regular audits took place which included a review of people's care plans and risk assessments, staff recruitment records, daily care notes, incidents and accidents and safeguarding concerns.
- There was an action plan in place linked to audits completed. Monitoring and driving improvements was part of the culture within The Focus Foundation. Our feedback on further potential developments was positively received.
- Regular team meetings took place, which were recorded and reviewed to identify any actions needed to

address any matters within the service. Staff were able to express any concerns and feedback was provided to staff around any changes to people's care.

- The management team worked to establish and maintain open and transparent communication with people's families.
- The provider and registered manager strived for excellence in all areas of the service. Following our inspection, the provider committed to develop a five-year plan to implement specialist training to enhance staff teams learning and development.

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 registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

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

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback.
- The management team ensured staff received supervisions on a regular basis in order for them to provide feedback regarding the service and any further development they wanted in order to meet the needs of people.
- Staff commented positively on improved teamwork, staff morale and communication within the team. The provider valued their workforce and staff were paid the real living wage, as well as providing 7 extra days annual leave to all staff rewarding them above the market average.

Working in partnership with others

- Staff worked closely with the local authority and health professionals, including GPs and physiotherapists who visited people in their homes regularly. There were regular reviews of people's health and social care needs by community-based professionals.
- The service also had extensive links with the wider Jewish community. The service worked closely with the Friendship Circle. This organisation worked with children and adults with disabilities in the community through a range of fully integrated social and recreational programmes.