Reading Borough Council

Focus House

Inspection report

14 Castle Crescent
Reading
Berkshire
RG1 6AG

Tel: 01189375350
Website: www.reading.gov.uk

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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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 February 2017, and was unannounced.

Focus House is a residential home which offers accommodation for people who require personal care and treatment of disease, disorder or injury. The service offers a home to up to seven people who have a diagnosis of mental health issues. At the time of the inspection the home was operating at full occupancy.

The home is required to have a registered manager. The registered manager has been in post since April 2011, and has completed registration with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the last inspection the service was in breach of Regulation 17 – Good governance. There were concerns related to keeping documentation updated specifically in relation to care and the auditing of general operational files. At this inspection we have found that all issues had been resolved.

The service went above and beyond in responding to people's changing needs. Practice focused on preventing possible relapse resulting in hospitalisation. This meant that in some instances staff may offer additional support to people that was not commissioned for 1:1 hours. In addition, the service offered in house therapy groups to support people in developing skills to manage their wellbeing. They encouraged people to develop hidden skills, leading to recognised qualifications.

People were kept safe by a staff team who knew how to report concerns promptly. Staff were able to describe the different types of abuse and what procedures they would follow if they suspected something. Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. There were sufficient numbers of suitably trained and experienced staff to ensure people's needs were met. The last new member of staff recruited was approximately five years ago. The staff team was not only full but consistent in approach due to the limited staff turnover.

Good caring practice was observed to be delivered by the staff. People using the service said they were very happy with the support and care provided. They spoke very highly of the staff team reflecting on how they had brought positive changes to their lives.

People told us communication with the service was good and they felt listened to. All people spoken with said they thought they were treated with respect. This was also observed during the inspection process, and was illustrated through the many support programmes developed by the home. People felt this opened an avenue for them where they could express themselves without being judged.

People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines

were managed safely and securely. People were encouraged to look at developing their skills and confidence towards self-medicating. Risk assessments were developed to ensure this was done safely and at the pace of each individual person. The process was agreed within a multidisciplinary team and signed off.

People received care and support from staff who had the appropriate skills and knowledge to care for them. All staff received comprehensive induction, training and support from experienced members of staff. Both the registered and deputy manager were reportedly supportive of the staff team, listening and providing guidance as requested. This was visible through comprehensive detailed supervisions and team meetings.

Quality assurance audits and governance of documents were found to be completed by the service. This meant that the service was continually being assessed in line with the needs of people, relatives and stake holders.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

People were safeguarded from abuse and staff understood how to report any concerns they had.

Plans for an emergency were in place. These were robust, providing succinct details.

The provider had a strong recruitment procedure in place. People were kept safe with the current staffing ratios. Medicines were managed safely.

Risk assessments were in place to minimise risk to people whilst allowing them to engage in activities of their choice.

Is the service effective?

Good

The service was effective.

People were delivered care that was effective in allowing them to gain independence.

People received timely support from appropriate health care professionals, who worked within a multi-disciplinary team with the staff.

Staff received regular supervision, training and appraisals.

Is the service caring?

Good

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions.

People's dignity and privacy was maintained and respected.

Staff knew people's individual needs and preferences. Care plans were up to date and accurately reflected people's choice and care needs.

Is the service responsive?

Outstanding ☆

The service was responsive.

The service was exceptional in responding to people's individual needs. Staff often went beyond their duties in offering assistance and support.

Therapy groups had been created and responded to people's mental health needs, supporting them to manage anxiety.

There was a system to manage complaints and people felt confident to make a complaint if necessary.

A programme of activities was provided to suit a range of interests.

Is the service well-led?

Good ●

The service was well-led.

Staff, people and professionals found the management approachable and open, reinforcing the good management and ethos of the home.

Effective processes were in place to monitor the quality of the service.

Audits had been completed to identify where improvement was needed.

Care plans and risk assessments were regularly reviewed and amended in line with changing needs of people.

Focus House

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 was carried out by one inspector on 28 February 2017 and was unannounced.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three members of staff, including two support officers and the registered manager. We spoke with three people who live at and use the service.

Care plans, health records, medication records and additional documentation relevant to support mechanisms were seen for three people. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for three of the staff team were reviewed.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. One person said "Oh I'm definitely safe here, yes very safe". Another person said, "Not been safer." Staff had a clear understanding of safeguarding and whistleblowing procedures. They were able to describe the different types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. Staff were able to provide details of external agencies that should be contacted in circumstances where the staff thought that either the manager or the organisation were involved in the abuse – this included, the police, local authority, safeguarding team or the Care Quality Commission. In all other instances they would report concerns to the registered manager. One member of staff when asked about reporting abuse stated "definitely, goes without saying." Staff felt both able to raise concerns and that management would effectively deal with these.

People were being kept safe by clear recruitment procedures. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to establish whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. There had been no new staff recruited over the past five years. This meant that people were cared and supported by a consistent staff team. A robust system had been implemented by the management to ensure staff were able to carry out their duties both safely and effectively. This included a documented interview process, employer reference checks on character and explanations of any gaps in employment. These were obtained and verified prior to employment being offered. Staff were kept abreast of the latest safe practices, by attending training courses. This included evaluation and assessing risks.

Staff assessed risks to people's health and welfare and took appropriate actions to reduce these. They discussed least restrictive options with people and made certain they were happy with these before applying them. For example, staff knew what upset one person, so they implemented coping mechanisms for this with the person. This included giving the person time on their own, and practicing breathing exercises. People's files contained risk assessments that were reviewed on a regular basis.

Medicines were supplied by a community based pharmacist. They were stored safely in a locked medicines cabinet. Medicines were ordered and managed to prevent over-ordering and wastage. Each person had systems in place to enable them to gain independence and begin self-administration, where possible. Each program of self-administration was based on the needs of the individual, and risk assessed prior to the person taking control of their medicines. This was further agreed with professionals involved in the person's care, and signed off to show that this has been discussed within a multi-disciplinary team.

An IT system was in place to record incidents and accidents. This would automatically alert the registered manager to any increase in incidents or accidents, which would then prompt him to complete the necessary trends analysis. This document looked at how to manage the incidents and accidents, minimising the frequency and severity. These were also reported to the relevant authorities as required.

The staff were able to correctly identify what actions needed to be taken in the event of a fire. Fire drills were undertaken, to ensure that both staff and people were familiar with the procedure. Fire equipment was regularly checked to ensure it was functioning correctly. A contingency plan had been prepared for staff to follow should an emergency occur resulting in the building needing to be evacuated. The plan contained an alternative accommodation address, contact details for staff and professionals who may be called in case of the emergency. Each person had a personal emergency evacuation plan in place, that specifically looked at their needs in the event of an emergency. This was kept up to date, reviewed with any changing health needs.

All maintenance safety checks were up to date e.g. Fire systems, emergency lighting and equipment. These were completed by Reading Council weekly. During our inspection process we observed all checks being completed by the council, who own the building.

The home was clean and tidy. Personal protective equipment such as gloves and aprons were readily available for staff and people to use as required. Colour coded systems for cleaning products and kitchen equipment were visible throughout the home. This reduced the risk of cross contamination. People worked with the house domestic at keeping the place tidy. They were given information on how to safely use products, so as to ensure they were safe in the home, and in preparation for living in the community.

Good

Is the service effective?

Our findings

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to them in their role. Staff were constantly seeking to improve their skills. The service had access to all training offered to the NHS and council. This meant that staff continually reviewed their skills, and received training in new ideas of how to work with people who lived with mental health issues. The training matrix showed that all training for staff within the home was either up to date or booked. An IT system alerted the registered manager in advance to when training would expire. This was an effective management tool in ensuring that staff knowledge and skills were continually updated.

People were supported by a staff team that received regular supervision. This provided both the staff and the registered manager with the opportunity to discuss their job role in relation to areas that needed support or improvement, as well as areas where they excel. One member of staff said of the registered manager and the supervision process, "it's a fantastic opportunity. We have so much to learn from [name of registered manager]. We discuss things and he tells me how to do things another way." This is an example of how the process of supervision was used positively to improve both personal practice and the service.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met.

People who use the service were very independent, and able to do most tasks independently. However, where assistance was required, staff were observed to ask people discreetly how they could help. One person said, "They never make me feel like they are helping me, and I can't do anything."

People were involved in planning their meals independently. One resident enjoyed cooking for everyone. However, they were encouraged to offer other people the option of having just one lunch cooked for them each week, as opposed to daily. This would allow all people the opportunity to also prepare meals for themselves. People were encouraged to look at their dietary needs and cook things that may be new to them in order to widen their palate. Staff assistance was offered continually to support people. Staff assisted people to do their shopping on a weekly basis, this allowed people to acquire items of food and toiletries.

The kitchen was open during the day time, and locked during the night, this was linked to general safety

related to storage of knives and access to (locked) cabinets with cleaning chemicals. Drinks were therefore placed in the dining room to enable people to help themselves and remain hydrated. People were able to access the kitchen and make meals and drinks at their leisure throughout the day. Staff further encouraged hydration by offering drinks when making themselves a drink. This was observed during the inspection. Staff would casually ask "Anyone want a drink?" If a person said yes, then this would be prepared and provided to them.

People's health care needs were met. Care records provided evidence of all visits to or from health professionals including the GP, optician, psychiatrist and psychologist. A document that provided essential information about the person, including personal preferences, important contacts, as well as medical information was held on each file.

Good

Is the service caring?

Our findings

People felt the service ethos and staff were caring towards them. Staff spoke respectfully to and about people. People appeared comfortable when approaching staff for assistance or for a general chitchat. One person felt unwell on the day of the inspection. We observed staff support the person. They discreetly offered the person medication, guiding them to sit in another room whilst continually reassuring them. This is one example of how privacy and dignity was respected and maintained. In another example, staff told us how they encouraged people to close bedroom doors when changing. They explained that whilst this was people's home, they needed to be encouraged and reminded to maintain their own dignity whilst changing.

People were involved in decisions related to their care. One person said, "I haven't been involved in my own life for a very long time… I am now". The service operated a key worker system. This meant that one member of staff held primary responsibility to ensure that all care for the individual was appropriate and in line with their needs and the suggestions of health care professionals. Where possible key workers were paired with people based on their interests, likes and how they got on with the staff member.

People were encouraged to gain independence and strive towards achieving this. The registered manager told us of one person who the home had supported to access a place of worship in line with their faith to further their independence. This person told us, "They helped me to go to church… I now go out independently, I do voluntary work".

Staff knew the needs of each person in detail and how they wished to be supported, as well as what their likes and dislikes were. This was reflected in documents related to how to care and support people. The care plan was reviewed and updated annually or as a person's needs changed.

All the people we spoke with felt that the service was caring. One person stated, "I'm very happy, yes I am." Another person said, "The staff really care. They've made me feel so welcome". Professionals involved in the care of people also reported on how caring the staff were towards people. We saw evidence of emails sent to both the registered manager and to the local council highlighting "the team have been able to offer excellent support for this group…"

Residents meetings were held fortnightly. This gave people the opportunity to raise any issues related to the home with staff. In addition, people were encouraged to raise concerns as and when they arose. Minutes were available for people to review after each meeting.

Health records, care folders and medication records were all kept securely within the office. In general there was a calm and peaceful atmosphere within the home. This was reiterated by one person who stated that the home was like a "safe haven".

Outstanding ☆

Is the service responsive?

Our findings

The service was responsive to people's changing needs. This often meant that the staff and the registered manager would go above and beyond their duties to ensure people had their needs met at all times. For example, two of the people who live at the service are involved in immigration matters. They were therefore required to go into London to meet with counsel. As staffing support is shared, no hours are specifically assigned to one person. Staff had assessed and evaluated that it was important for people's mental wellbeing, that they were supported as much as possible during this process. Staff therefore accompanied people in their own time into London. When asked why they did this staff responded, "Why wouldn't we?" People said that the presence of staff constantly by their side during these difficult times was helpful and reassuring. For one person, they said it meant that they could share their worries and know that "Someone cared to be there when they were needed." Another person added, "They are always there… if you need help with anything they are there." The positive impact the staff had on the lives of the people during this time meant that they had prevented a breakdown in mental health in both cases. Historic patterns showed breakdown in mental health had resulted in bouts of hospitalisation for these people. This meant that by responding to people's specific needs, not only were they supported, but their independence was maintained. This further prevented a possible relapse in mental ill-health resulting in a stay in hospital

In another example of the service illustrating exceptional practice, we saw evidence of different therapy groups being delivered at the home, by the registered manager and the staff. These sessions were built on the personal skills and talents of the people living in the service. This included a reading group. This group met weekly and encouraged people to use their creativity to channel any anxieties or stress. One person had begun to write stories, whilst another wrote music and songs. One person told us that they had always wished to learn to play an instrument but lacked the confidence to do so. Staff had gently encouraged him to learn to play, and suggested that he may wish to take practical tests so that he can establish how much he is learning. With perseverance and staff support initially to attend classes, the person told us that he had achieved a distinction in his last graded test. He now played to help others with their anxiety, using his music to offer a calm environment. This he said had impacted greatly on his life. He said, "I am so happy, they [Focus House] have become an important part of my life."

The registered manager stated "every person's journey is different. We have to allow for this, and celebrate it." He further stated, "First and foremost, we are a home for seven people, the whole philosophy and attitude needs to come from this." He continued by stating if they were able to respond to people's needs and help them manage to gain a "sense of accomplishment", then they had done their job. This philosophy was reflected in all aspects of support and demonstrated by people's development and achievement.

Another person told us "Staff have encouraged me to develop and widen my living skills and my employment… I have become confident because of them." When asked how staff had helped, we were told by practically showing people how to do things and by being there for them when they needed them. Staff placed emphasis on the need to help people to grow and develop towards independence.

Key worker meetings and sessions were offered by staff. This method of interaction on a one-to-one basis

with each person, allowed the key member of staff to learn about the preferences and needs of the individual person as they changed. This ensured the care was responsive to their needs. This information was then shared with the team, through detailed handovers and team meetings. This allowed much of the exceptional practice observed and described by people to be achieved. One professional further reinforced this point by stating the service offered "high degree of consistency has proved ideal at managing high complexity patients".

People had their needs assessed prior to them moving into the service. This was then assessed to ensure that all people living within the home were compatible. People reported that they were asked and staff checked, if they were happy or had any concerns after a new person moved in.

Activities were offered to all people within the service as well as individually. A boating trip was being arranged for May 2017, that all people could attend. This would include a possible overnight hotel stay. We observed people discuss the trip with the registered manager, querying when it would be. One person showed us the many photos on the walls taken during past excursions. They said, "We have some lovely holidays here."

We found that each bedroom had been decorated differently with people being given the opportunity to personalise their rooms. In addition the service was decorated in accordance to people's taste. The house was given a homely feels with photos on display and books and magazines freely available. The general décor was homely, shifting away from the institutionalised settings that many people had come from.

There was a complaints procedure and information on how to make a complaint available to people. People told us they were aware of how to make a complaint. We reviewed the complaints log and found that complaints had been appropriately investigated and responded to. One person stated "I would not have any worries about making a complaint", another said "I would go to the office and speak to the manager." Staff were able to describe how they would deal with a complaint, ensuring they were transparent and kept the complainant abreast of all investigation outcomes.

Good

Is the service well-led?

Our findings

At our last inspection we found that whilst staff were aware of how to support people, accurate and up to date care plans and risk assessments had not been maintained. We were sent action plans that evidenced how the registered manager would ensure this was done. At this inspection we found that all documents pertinent to care were kept up to date. The registered manager had developed a system that would enable him to have a successful overview of when documents needed to be updated. This was also reflected in the audits completed by the registered manager. At the last inspection we could not find any evidence of the manager using systems to evaluate and improve the service. Systems have now been introduced. At the last inspection quality assurance audits, were being developed. They were now actively used to monitor and evaluate the service. The registered manager would use this information to implement changes into the service. For example, the introduction of kitchen rules related to people helping with tidying it.

We found there to be good management and leadership that reflected in the practice of the staff. The registered manager worked alongside staff and role modelled how care should be delivered. Staff and people spoke very highly of the registered manager and his techniques. One professional stated "[Name of registered manager] and his team have offered excellent support", whilst another professional felt that the "[registered manager] and the staff have done a tremendous job…" One member of staff we spoke with said, "[Registered manager] is so knowledgeable. I am continually learning from him, even though I've been working in care for many, many years".

There was an honest and open culture in the home. This was reflected in the constant availability of staff to people. They told us they felt able to voice their opinions or seek advice and guidance from the registered manager at any time, even if he was busy. Staff also reported that the registered manager was open and approachable and created a positive culture. They stated that he would observe practice and highlight areas where improvement was needed, often doing so in a considerate manner so not to offend the member of staff.

There was strong evidence of working in partnership with external professionals. Documentation used within the service was in agreement with the professionals involved in the care of the people. One professional stated, "Focus House is a credit to Reading Borough Council", whilst another professional said, "Focus House is the best, most complete and beneficial service of its kind… by some considerable margin." The registered manager would without hesitation seek guidance and support from professionals to enhance the lifestyle of people who resided at the service.

The registered manager told us that two staff worked on early shifts and two on late shifts with one person sleeping on the premises each night. Any shortfalls were covered internally by the team with no agency staff used. This consistency in staffing further developed a trusting and open relationship with people. The fact that staff turnover was very low, with the last member of staff being recruited over five years ago, indicated that the management of the home was strong and effective.

Communication within the home was good. Handover and shift planners were used. These were both

verbally discussed and maintained as a written record for reference. A communication book was in place which allowed supplementary information to be passed onto staff. A diary was used to detail appointments, schedule meetings and indicate any training booked.