Reading Borough Council

Focus House

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?	Requires improvement

Overall summary

The inspection took place on 29 July 2015, and was unannounced.

Focus House is a care home which offers accommodation for people who require nursing or personal care and treatment of disease, disorder or injury. Although registered to provide a facility for up to seven people, the location currently has five people using the service. The service caters for people who have a diagnosed mental health issue.

The home is required to have a registered manager. The 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.

Staff knew how to keep people safe by reporting concerns promptly. Systems and processes were in place to recruit

Summary of findings

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.

We observed good caring practice by the staff. People using the service said they were very happy with the support and care provided. Care plans and risk assessments were found not to be updated, or written by the home.

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, preserving their dignity at all times.

People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely. People were given the opportunity to independently self administer medicines in agreement with health care professionals. However risk assessments had not been written up to illustrate this activity.

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. They felt supported by the registered manager and said they were listened to if they raised concerns.

Quality assurance audits and governance of documents was not found to be completed by the service. This therefore reduced the opportunity to continually assess and make changes where necessary.

We found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not maintained accurate care plans and risk assessment in order to meet the requirements of the fundamental standards. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was mostly safe.

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

Plans in 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.

Good

Is the service effective?
The service was effective.

People were offered the opportunity to build their independence. People received timely support from appropriate health care professionals.

Staff received regular supervision, training and appraisals.

Good

Is the service caring?
The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions where possible. They respected people's dignity and privacy.

Staff knew people's individual needs and preferences well. They gave explanations of what they were doing when providing support.

Good

Is the service responsive?
The service was responsive.

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. Outings were being introduced to enable people to more easily integrate with the community. Recent activities had taken place and illustrated this.

Good

Is the service well-led?
The service was not well-led.

Staff, people and professionals found the management approachable and open.

No effective processes were in place to monitor the quality of the service.

No audits had been completed to identify where improvement was needed.

Requires improvement

Summary of findings

Care plans and risk assessments were not written by the service and therefore were not updated as required.

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 two inspectors on 29 July 2015 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.

During the inspection we spoke with four members of staff, including one domestic, one support officer, the deputy manager and the Registered Manager. We spoke with three people who live at and use the service. An observation was completed over handover, to see how information was shared between staff.

Care plans from health professionals, 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 four of the regular staff team were looked at.

Good

Is the service safe?

Our findings

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 determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. A robust system had been implemented by management to ensure staff were able to carry out their duties both safely and effectively. This included a documented interview process, reference character checks and explanations of any gaps in employment. These were obtained and verified prior to employment being offered.

People told us that they felt safe at the service. One person said "I feel safe and secure here…I know I can lock my door, nothing to worry about". Another person said, "Oh yes, no problem with that here." We found that staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They understood the 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 (CQC). One member of staff when asked about reporting abuse stated "If I need to I will." Staff felt both able to raise concerns and felt that management would effectively deal with these.

Staff assessed risks to peoples health and welfare and took appropriate actions to reduce those risks, They ensured least restrictive options were used. For example, staff knew what the triggers of anxiety were for one person. They demonstrated they knew how to manage these through diversion strategies such as encouraging the person to access the garden. Files contained risk assessments written by the health professionals involved in the original admission of the people care.

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. There was evidence in place to show this had been approved and risk assessed by agreed medical practitioners.

There was a system in place for monitoring incident and accidents. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.

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 evacuation. This contained an alternative accommodation address, contact details for staff and professionals to call in case of the emergency.

All maintenance safety checks were up to date e.g. Fire systems, emergency lighting, equipment.

Accident and incident records were accurately recorded, these were up to date and reported to the appropriate authorities when required.

The home was clean and tidy. Personal protective equipment (PPE) such as gloves and aprons were readily available for staff 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.

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. Before commencing work they shadowed experienced staff until they felt confident to work independently. The training matrix showed that all training for staff within the home was either up to date or booked. A computer system was used by the home that recorded these details. This was effective for management in ensuring that staff knowledge and skills were continually updated.

Staff 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. This was then used positively to improve both personal practice and the practice of the service as a whole. Supervisions were rota'd monthly into the working schedule of staff, therefore providing time for them to think of areas to discuss within their individual supervision meeting.

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 the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. They all stated how they asked for permission before doing anything for, or with a person. People's rights to make their own decisions, where possible, were protected.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. Although no-one at the service was being deprived of their liberty, the management were aware of their responsibilities.

We saw staff seeking consent by asking people if they wanted to do something and giving appropriate explanations. People who use the service were very independent, and able to do most tasks independently.

People were involved in planning their meals. Shopping was completed weekly with staff, and allowed people to request items of food and toiletries. People were encouraged to choose a healthy menu, which they would cook with assistance, if required.

The kitchen was open during the day time, and locked during the night. Drinks were placed in the dining room to enable people to remain hydrated. People were able to access the kitchen and make meals and drinks at their leisure. Staff further encouraged hydration by offering drinks when making themselves a drink.

People's health care needs were met. Care records provided evidence of all visits to or from health professionals including their 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

The service was caring towards the people supported. Staff spoke respectfully and were approachable. People appeared comfortable approaching staff for assistance or for general interaction. There was a calm and peaceful atmosphere within the home. Positive interactions were observed during the day of the inspection.

People were involved in decisions related to their care. A key worker system had been implemented within the service. 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.

People were encouraged to gain independence and strive towards achieving this. The registered manager told us that two of the people had commenced voluntary work. People would ensure they had completed all chores before going out, although this was not an imposed house rule.

It was evident that all staff had read the NHS care and support plans for all people within the service. 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. It is important this this and changing needs are documented and risk assessed so that any potential new staff can continue to provide a good caring service.

People reported they felt that the service was caring. One person stated, “I’m quite happy with the care here.” Another person said, “people forget to have a laugh with people who have mental health.” This was in relation to people within the community. The person continued by saying that staff had a good sense of humour.

Residents meetings were held fortnightly. This gave people the opportunity to raise any issues related to the home with staff. One person stated, “I feel confident to raise concerns”. Minutes were available for people to review after each meeting.

People’s privacy and dignity was respected and maintained. A number of examples of people being spoken to discreetly were seen during the inspection. Staff told us they maintained dignity by encouraging and closing bedroom doors when people were using their rooms.

Health records, care folders, medication records, were all kept within the office. These were kept securely.

Good

Is the service responsive?

Our findings

People had their needs assessed prior to them moving into the service. The staff were responsive to the needs of people after their move, and to the effect that their presence may have on other people. The registered manager gave an example of how one person needed specialist services, which were not being offered immediately. His persistence enabled the person to receive the immediate care that was needed.

People's needs were responded to as required. Staff knew each person they provided care to.

We observed that staff were responsive to people's needs. They were able to recognise when people were becoming distressed or needed assistance. For example, in one instance when a person was becoming upset due to another person trying some of their lunch, staff intervened and calmed down the situation.

We found that each bedroom had been decorated differently, with a number of personal items on display. Management told us that people were encouraged to decorate their rooms.

Activities were offered to people within the service as well as independently. People had recently gone on a trip which involved staying in a hotel in Bournemouth. People were very excited telling us of this activity. An activity coordinator within the service would arrange outings to meet the needs of the group collectively.

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, ensuring the care package was responsive to their needs. This information was then shared with the team, through comprehensive handovers, and team meetings. We observed this during one handover we attended.

People advised that staff would try and develop people in areas needed. One person stated "When I first came here I didn't have much confidence, now I feel more confident. The staff have encouraged me". The general consensus of the people was that the staff aimed to facilitate a high level of care that catered to meeting the needs of people.

There was a complaints procedure and information on how to make a complaint. People told us they were aware of how to make a complaint. We reviewed the complaints log and found that these had been appropriately investigated and responded to. One person stated "I feel confident to raise a concern", another said "I would march into the office and speak to the manager".

Requires improvement

Is the service well-led?

Our findings

We found that whilst staff knew how to provide care and treatment to people, accurate records were not maintained to show this. This was therefore neither reflective of the good care provided nor did it cover changes in peoples needs. Any potential new staff coming into the service, could by default provide care by following an out of date care plan. This would mean that the service would not be meeting the current needs of the person. The registered manager was in the process of introducing quality assurance audits. However, historically there was no record of continual evaluation of the service leading to improvements. The registered manager did not have systems in place to evaluate and improve practice within the service. The absence of risk assessments was a further concern. These were found to be in breach of Regulation17HSCA 2008 (Regulated Activities) Regulation 2014.

At the time of the inspection the registered manager had been working at the service for over 10 years. Within that time positive changes had been implemented within the culture of the home. One member of staff reported, “Here is the only place I feel confident to go to the manager.” The registered manager had an open door policy. People using the service, staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time. We observed people would comfortably knock and enter the office to have a general chat with the registered manager or seek reassurance. For example, one person was due to attend voluntary work with another person. They were anxious that they may be left behind, repeatedly asking staff to ensure the other person did not leave without them. Staff spoke with the person and reassured them that the other person would need to pass the office when leaving the building, therefore would be stopped. This reduced the person’s anxiety.

There was an honest and open culture in the home. Staff showed an awareness of the values and aims of the service. For example, they spoke about giving the best care and respecting people. One staff member said, “We always try our best.” Staff told us the registered manager regularly checked on the care provided, whilst engaging with people. They told us they felt able to voice their opinions or seek advice and guidance from him at any time. They told us the registered manager was open and approachable and created a positive culture but was not afraid to speak to staff if they did not perform to the standards expected.

In one incident a person had stated they were unhappy about another person. The registered manager had considered the concerns raised and responded to them appropriately. This illustrated that management were transparent in their handling of complaints and concerns The registered manager referred to the new Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 Regulations 2014).We found that the communication within the home was good. Handover and shift planners were used. These were verbally worked through and completed on paper so reference could be made to them during the course of the shift. 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 training bookings.

There was strong evidence of working in partnership with external professionals. Documentation used within the service was written by the professionals involved in the care of the people. The home had evidence of maintenance checks being carried out by the provider.

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. Rotas showed staff shortfalls were covered from within the team, this did however mean that the registered manager and deputy managers would be taken off their duty and working with people.

We found there to be good management and leadership with the registered manager working alongside staff and role modelling.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(1)(2)(a). The registered person did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. Regulation 17 (2)(c). The registered person did not seek or act on feedback from relevant persons and other persons on the services provided, for the purposes of continually evaluating and improving such services. Regulation 17 (2)(e). The registered person did not have a system that enabled the registered person to evaluate or improve their practice in respect of the processing of information. Regulation 17 (2)(f).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.