

Focus on Care Recruitment Limited

Focus on Care

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

The inspection took place on 14 September 2016 and was unannounced. We also made a visit to the service on 24 November 2016 to check on some further information received by Care Quality Commission (CQC).

The agency was last inspected on 22 August 2013 and at that time did not provide personal care support to anybody living in their own home.

The agency office is situated in St Mary's hospital Warrington and is part of the St George Healthcare Group. St Mary's hospital provides specialist services for people with acquired brain injury and autistic spectrum conditions in a low to medium secure or locked environment.

Focus on Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the agency was providing support for 34 people living in the community. The Care Quality Commission has inspected this service in relation to those people who have been assessed as needing personal care.

The agency had a Registered Manager. 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.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse.

Staff had receive training to support them with the safe administration of medicines to people they supported.

Suitable recruitment processes and checks were in place to minimise the risk of unsuitable people being employed to work with vulnerable people.

Staff received induction and regular training updates to equip them with the knowledge to fulfil their role.

People were supported by an enthusiastic caring staff team.

Staff had good relationships with people who used the service and we were told staff were caring and attentive to their needs.

The staff took account of people's wishes, likes and dislikes when providing support.

People were provided with information regarding the agency's complaints procedure and they told us they knew how and to whom they could complain.

There was strong leadership at the agency where staff told us they felt supported and enabled to do their job and develop.

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 protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

Staff were aware of the signs of abuse and knew how to report concerns.

Staff recruitment was robust to safeguard vulnerable people.

Is the service effective?

Good ●

The service was effective.

People receive support from staff familiar to them.

People were supported by staff who knew them well.

Staff received induction, training and regular supervision.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

Staff valued people's independence and treated people with respect.

People supported by the agency told us staff treated them well and with dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were reviewed and amended when needs changed.

People using the service had information should they need to make a complaint.

Is the service well-led?

Good 

- The service was well led.
- There was a registered manager in post.
- Staff spoke positively about the manager and her leadership.
- There were systems in place to assess and monitor the quality of the service.

Focus on Care

Detailed findings

Background to this inspection

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

This inspection took place on 26 August 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. Including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

We reviewed six care records of people supported by the agency with personal care and spoke with four people receiving care and support and/or their relatives. We also spoke with a number of other people supported by Focus on Care to confirm that they were not receiving personal care. We examined staff recruitment and staff training records. We looked at three staff recruitment files held at the premises and interviewed four of the five care staff providing personal care in the community.

We saw a selection of records relating to the management of the service such as policies and procedures and complaints. We also spoke with the registered manager.

Is the service safe?

Our findings

We spoke with four people or their relatives receiving support from the agency. They told us that they felt safe, and they were well looked after by the agency.

Comments about staff included: "They are very very good", "I always have the same people, and I know them", "All the staff are unfailingly kind", "I like it that mum is still in control how she wants things done", "They are brilliant, friendly and efficient".

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and children, although at the time of the inspection the agency was not supporting any children in the community. Staff confirmed that they received safeguarding training at induction and also on line using Adult Social Care TV. This is an on line training package developed for training staff working in care settings. We saw that the agency also conducted periodic quizzes to check staff knowledge and identify any training requirements. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. Our records confirmed that appropriate referrals had been made and CQC had been notified of events.

We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staffing levels were dependant on individuals' support needs. We saw that levels of staffing fluctuated depending on people's health and wellbeing.

Staff told us that they supported people they knew well and visited regularly.

We checked three recruitment files and found that they contained an application for employment, a record of the interview, documents relating to their identity, references, contract of employment, details of the content of the induction and training and Disclosure and Barring Service (DBS) check. This service checks the suitability of people for working with vulnerable adults. We obtained information from the human resources (HR) department of the date the DBS had been obtained and when it was due for renewal. We were told that if a positive DBS was received a decision regarding the person's suitability to work for the agency would be made by the manager and HR department. It was noted that one person did not have two references, however as they had been employed by the organisation for 18 years and there were no concerns regarding her employment, it would be unrealistic to expect the agency obtain a second reference at this stage. Staff we spoke with raised concerns with us that their contract of employment was a zero hours

contract, this is a common occurrence in the care industry but would raise a note of caution with the provider of how they would meet their contractual obligations should staff chose not to work.

We found that carers received medication administration training as part of their induction and records were available to demonstrate that their competence had been assessed by senior staff.

Personal needs assessments were carried out by the deputy manager before support was arranged, this was to assess whether the agency could meet the individuals' needs. Part of the assessment was also to identify any risks associated with providing support. Assessments were carried out using the agency's proforma documentation which identified needs and identified if there were any potential risks associated with meeting that need. We saw that risk assessments had been completed where risk had been identified, either whilst providing support with personal care or with the environment. Reviews and updates to care planning was undertaken by the manager or the deputy, who both have level 3 qualifications in Health and Social Care.

Staff knew to report accidents and incidents that occurred whilst delivering care to the office and records were maintained of any reported concerns.

Is the service effective?

Our findings

People told us that they had the same staff, one person told us "They support me, and let me do as much as I can, which is good". One relative told us "I like it that if staff ask me and include me in the way my relative likes to be supported".

Staff told us that they felt they were appropriately trained to do their job in supporting people living in the community. We spent time talking with staff about how they were able to deliver effective care to the people accessing the service. When asked about individuals, staff were able to describe their needs, likes, and dislikes and what worked best to support them. It was evident that staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. In talking with staff we found that information in support plans could be improved to provide the reader and any potential new staff with specific detail how individuals' like to be supported. We found that this was acted on immediately and a detailed plans produced for two of the four people the agency supported were in place before we left. After our inspection the manager later confirmed that the others had been completed.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. Staff received training during induction in respect of Mental Capacity Act 2005. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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. 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that staff had the skills to be effective in their role. Staff had received a comprehensive three day induction which covered the 15 Care Certificate Standards (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.) This training was given in a classroom setting and delivered by staff from the hospital setting. Staff told us that they spent time working with more experienced staff in the community, until they got to know people and were confident and competent to work unsupervised. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. Some staff had been identified as needing refresher training in certain topics for example safeguarding, dementia awareness, challenging behaviour, medication and equality and diversity. We saw evidence that the manager was actively chasing staff to complete their training. All training undertaken on Social Care TV, on line, or in the form of work books was signed and when necessary evaluated when completed by the manager of the service. This forms part of the agreement that a nominated person is provided with the expected response and solution to the questions posed during the training. Certificates of achievement are then issued by that individual, on this occasion the manager.

One member of staff we spoke with told us that they did not enjoy attending training but knew it was necessary.

Staff supervision and appraisal processes were in place. These processes gave staff the opportunity to discuss their performance and identify any training needs they may have. It also assessed the quality of their performance with supporting people. We saw that senior staff either work alongside staff or monitor staff performance with a series of spot checks and observations. Staff told us that they felt supported by the registered manager, one told us "Support from the manager is excellent". The manager told us that team meetings had lapsed recently, however plans were in place to re-establish regular staff meetings. Staff meetings afford staff the opportunity to share experiences and good practice.

Is the service caring?

Our findings

One person told us that, "All the staff are very pleasant, they always let me know what's going on, they always call if they are running late". A relative told us, "[Staff name] is very kind to mum, in fact they all are. She looks forward to them coming, they are kind and caring". "They always make sure mum is comfortable with what is going on and do things how she likes things done". One relative told us that two carers come to support her relative they always, chat with her as well, check she is alright and have a bit of banter with them both. Another person receiving support from the agency told us "I am so happy with them [the agency carers] every single one that comes to me is lovely". This demonstrated to us that staff valued people's independence and treated people with respect.

It was apparent talking with the four members of staff they loved their jobs and showed affection for each person they provided support for. One staff member said, "I absolutely love it", another told us that they had changed career and this was what she "was meant to do", "I wish I had done it earlier.

Staff we spoke with told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences, interests and circumstances. This showed that staff had developed positive caring relationships with the people they supported.

Is the service responsive?

Our findings

A relative we spoke with told us they continued to be involved with their mothers care and support. They said they were consulted about their relatives' care and staff were responsive to her requests. She told us that she had attended a review meeting recently as her mother had been having care from the agency for a little over three months. She told us that she was delighted her mothers' care was continuing as she was more than happy with everything." One relative told us, "sometimes staff stay longer than they should if my relative is having a bad day, then sometimes they finish everything they need to do early. They always ask us if we need anything else doing before they go, which is nice". One person said, "I have absolutely no complaints".

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

Supporting people with personal care in the community is relatively new to this agency. We found following the initial assessment of the persons' needs plans had been written based on factual information and did not instruct staff how to provide personalised support. However we identified through discussion with staff that they delivered care in a person centered way. This was demonstrated by examples such as, staff were able to tell us which side [name] liked her things to be placed, what order [name] liked to do things, and what were [name] preferred foods and drinks. This showed us that staff wanted to work with the people needing support positively and respected their individuality and wishes. The staff at the agency were receptive to writing plans in a more person centered way and completed two plans during our visit which clearly set out how to support the individual in more detail.

We saw that processes were in place to review care needs in line with company policy or when individuals' needs changed.

The organisation had a complaints policy which described how and to whom you should complain. For clarity, details of what timescales the complainant should expect if they made a complaint should be included in the policy and procedure.

People we spoke with told us that they knew who to complain to should they have any issues and that they felt confident they would be listened to. No complaints have been received by the agency.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since September 2015.

There was a positive culture evident amongst the staff who clearly enjoyed their work and put people receiving support first.

People using the agency, relatives and staff spoke positively about the leadership of the agency.

The provider had quality assurance surveys, however people receiving personal care had been with the agency less than six months. No formal survey had been attempted at the time of the inspection, we found that informal satisfaction checks had been made by telephone and during the three month review of care.

Focus on Care encouraged people to comment on the quality of their service using carehome.co.uk. This is an on line service where members of the public can find information regarding services available. We checked this and no comments had been made.

We found that systems were in place to monitor the quality of the service provided with regular audits and spot checks being undertaken by senior staff. Monthly and quarterly audits covered areas such as the care records, accident records, complaints, staff records including training and supervision and recruitment.

The staff we talked with spoke positively about the current leadership of the agency. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager or any member of the senior team at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. When asked whether they liked working at the agency, one person said "I love it". When asked about the management a staff member told us "They're brilliant and very supportive, both professionally and personally".

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.