

## 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

### About the service

Focus on Care is a care at home service providing personal and nursing care to 48 people at the time of the inspection.

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

People told us they received safe care and treatment. Staff undertook risk assessments for people they supported and identified risks were managed well. Care staff understood the importance of safeguarding people they supported, and they knew how to report accidents and incidents.

Staff had completed training in the safe administration of medicines. People were encouraged to maintain their independence and protocols were in place to support self-administration of medicines.

People told us staff visited as planned and they were punctual. The manager had processes for monitoring visits and were planning to roll out new visit monitoring technology to enable the provider to monitor whether staff visited as planned.

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 liaised with health care professionals and supported people to attend appointments. People were supported to make healthy choices in relation to life style. People told us staff helped them to prepare meals and collect their groceries.

Staff received training which enabled them to provide safe and effective care. The manager observed staff in practice every three months. Staff received regular supervision from their line manager and told us they felt supported.

People and their relatives understood how to make a complaint. People told us they felt listened to. There had not been any complaints since the last inspection.

There was information available throughout people's support plans which enabled staff to provide person-centred care. People and their representatives had been involved in the care planning process.

The manager maintained clear records of quality assurance and good governance. People and their relatives provided consistent positive feedback about the management team.

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

The last rating for this service was good (published 14 September 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was 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.

# Focus on Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by an inspector and Expert by Experience. The inspector visited the office to review records and the Expert by Experience spoke to people on the phone to seek their views about the care they received. 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. It provides personal care to people living in their own houses and flats.

The service had a manager in process of registering with the Care Quality Commission. This means that they, when registered, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Our planning took into account information we held about the service. Since the last inspection there had not been any incidents the provider must notify us about, such as abuse or serious injury.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with one person who used the service and three relatives. We spoke with the manager, the senior manager and four members of staff. We looked at three people's care records. We looked at three staff files in relation to recruitment and supervision records.

Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data, policies and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- There were effective systems and processes in place to protect people from abuse. Staff understood how to look out for signs of abuse and how to report their concerns.
- The manager and senior staff undertook risk assessments before they started to provide a package of care. Records showed assessments were undertaken for people's physical and emotional needs, financial support, their home environment and medicines management.
- People's representatives told us staff protected them from avoidable harm. For example, "Yes [name] is 100% safe". "[Name] is definitely safe".
- There had not been any accidents or incidents therefore, we were unable to review how the manager responded to reported incidents. Staff told us they were trained in basic life support and felt they would be competent to follow the accident and incident policy and procedure.

Assessing risk, safety monitoring and management

- The manager and senior staff assessed and managed risks to keep people safe. Risk assessments had been completed for people on an individual basis and support plans reflected how their safety would be protected.
- The manager engaged health and social care professionals when specialist advice was needed. For example, people were assessed by an occupation therapist for use of moving and handling equipment and staff deployed to support the individual were trained by the occupational therapist to use the equipment in a safe way.
- One person was known to be at risk due to smoking in their own home and they lived with dementia. The manager organised for the fire service to attend and risk assess the person's property and fire-retardant equipment was also provided. This showed the manager was responsive and good at managing risk.

Staffing and recruitment

- People told us they were happy with their allocated visits and staff were routinely on time; "[staff] are never late, we don't have a problem with that". "There has never been a case when someone hasn't turned up".
- The manager organised staff teams in geographical areas to prevent late calls. Staff told us this worked well, and some staff worked in such close proximity, they were able to walk or ride their bike between visits.
- The manager followed robust recruitment processes. Employment history and character references were sought before staff were appointed and Disclosure and Barring Service checks were completed to make sure staff were suitable to support people who may be vulnerable.

### Using medicines safely

- People were prompted to take their medicines and staff administered medicines when needed. A new recording system had recently been implemented and showed improved ways to record medicines prescribed on a 'when required basis' and the application of topical treatments.
- Handwritten medicine administration records (MAR's) were not consistently completed in a clear and accurate way. During the inspection the manager assured us all MAR's would be checked for accuracy and amendments would be made if needed. We received written confirmation this had been completed.
- The provider's medicine management policy and procedure did not reference best practice guidance. During the inspection the manager downloaded guidance from the National Institute of Clinical Excellence and started to review the policy and procedure to ensure best practice was promoted.

### Preventing and controlling infection

- People were protected against the risk of infection. Staff had access to protective clothing and had received training in infection control and food hygiene.

### Learning lessons when things go wrong

- The manager used staff meetings, supervisions and observation of staff practice to share best practice ideas including, how to learn lessons when things go wrong. The manager demonstrated good knowledge of learning from near misses and knew how to seek support from their manager or external professionals when faced with a situation they were unsure of how best to deal with.
- People's care records evidenced staff learnt lessons when things went wrong. For example, if a person was not home when staff visited steps would be taken to ensure the person's safety and also change the visit time to later in the day to make sure they were home and safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- We looked at people's support plans which showed detailed assessments had been undertaken before services were agreed. The assessments showed liaison with the person's involved relatives and any involved professionals for example, social worker, community mental health team and GP.

Staff support: induction, training, skills and experience

- People were supported by trained, competent and skilled staff. Staff underwent an induction process and the manager observed their practice before they were deployed to lone work.
- Staff consistently told us they thoroughly enjoyed the training provided and believed it gave them the knowledge and skills to provide safe and effective care.
- The manager supervised and appraised staff's performance. Staff told us supervisions were pro-active, supportive and focused on their development.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to shop for and prepare meals. People were risk assessed in relation to the risks associated with nutrition including weight loss, weight gain and swallowing. The manager referred people to speech and language professionals and dieticians when needed.
- People were encouraged to maintain their life skills and safety when preparing meals was continually monitored by staff.
- The manager and care co-ordinator worked in partnership with external agencies to provide consistent and effective care.
- Staff provided people's carers with the opportunity to take respite and look after their own wellbeing.

Adapting service, design, decoration to meet people's needs

- The provider had processes to prompt staff to continually assess people's environment and consider adaptation on a routine basis. People were supported to access, and sign posted to available agencies responsible for assessment of home environments and to aid independent living such as occupational therapists.

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 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 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.

- People were not always assessed in line with principles of the MCA. People were routinely asked to consent to areas of their support and their mental capacity had not been considered or assessed prior to the request for consent.
- At the time of the inspection visit the provider did not have a policy and procedure in relation to the MCA and associated DoLS. The manager provided evidence during the inspection of a new mental capacity assessment document and told us they had requested support from the provider's training department to improve staff's understanding of their responsibilities when asking people to consent. After the inspection the manager informed us of work undertaken to assess people's capacity. We were reassured by the immediate action taken by the manager.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a kind and respectful way. We received consistent positive feedback from people and their relatives; "I can't praise [the staff] enough". "[Staff] chat to [service user] on an evening, [Staff] are just nice". "I find them [staff] very nice and very good". And, "They're [staff] smashing".
- Staff were trained in equality and diversity and people's support plans showed assessment of people's needs and preferences in relation to sexuality, gender, age, culture and religion.
- People's support plans contained information about people's background and life stories. This enabled staff supporting them to understand what was important to them and prompts for conversation. Staff told us this was helpful when supporting people who lived with dementia.
- Relatives consistently told us about their experience of staff being kind and patient when providing support; "They don't rush [relative] which is good". "They treat [relative] with dignity". And "[Relative] is incontinent; they always make sure [name] is very clean".
- The manager ensured staff were consistently deployed to aid continuity for people being supported. Staff told us this enabled them to build trusting relationships with people and their relatives. Staff understood the importance of respecting people's personal space and gave examples of how they maintained people's dignity whilst assisting them with personal care such as; using a towel to cover them and explaining what they intended to do.

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

- People and their relatives were encouraged to be involved in the care planning process and to make decisions about their care. Records showed people's involvement and agreement to services provided. People and their relatives told us; "They [staff] are dead good. They encourage [relative] and cajole her to maintain life skills". "They [staff] go above and beyond". And, "They [staff] always ask if I want anything else or need anything else doing".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The manager developed person-centred support plans with people's involvement. Staff had access to care summary documents which provided important information about the person they supported, and the documents were reviewed on a monthly basis and updated as people's needs and preferences changed.
- People and their relatives told us they received support in line with their preferences and wishes.
- Staff understood the importance of providing people with person-centred care and demonstrated good knowledge of the needs for people they supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how best to communicate with people they supported. Support plans contained information about people's language, sight, hearing and cognition. Best ways to aid communication were routinely assessed by the manager when a person was referred to the service.
- People were supported to access and attend appointments with professionals to aid their communication for example; optician, audiologist and speech and language team.

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

- The manager and staff supported people to maintain relationships and attend social activities. People were monitored for social isolation and the manager would inform the person's social worker or nearest relative if they were not undertaking their usual routine both at home and in the community.
- People told us staff took time to sit and chat with them, and often if they asked staff to finish their visit early due to personal preference, staff would call back later in the day to provide social time and company.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure and told us they felt confident to raise any concerns. Relatives told us; "Very early on [name] wasn't wearing her pendant (care phone alarm), we put a note on the care file for the staff for them to remind her. They responded to that". "I mentioned something to the staff which [relative] didn't like and it hasn't happened since". And "If I need anything, I phone up".

End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. Records included information relating to people's preferences at end of life, culture and spiritual needs.
- At the time of the inspection staff did not support anyone with end of life needs. Staff told us they felt confident to work along side community health care professionals to support people near to end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive staff culture which drove effective person-centred care. People and relatives told us the staff team were consistently friendly and respectful. Staff told us there was a positive culture throughout the organisation and they felt involved in any decision making processes.
- The provider had policies and procedures in place to guide staff in relation to their duty of candour responsibilities. The manager demonstrated good understanding of their responsibility to promote effective communication and transparency for all stakeholders.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was in process of becoming a registered. This means that they, when registered, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The manager and staff were clear about their roles and had a job description and employment contract which specified the provider's expectations. The manager had good awareness about what information needed to be shared with all regulatory bodies.

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

- The head office was located in Elysium's specialist hospital. The manager told us they had access to meeting and training rooms and able to liaise with health professionals for advice and to share best practice.
- The manager maintained an open culture and encouraged people, relatives and stakeholders to provide their views about how the service was run. The manager and care co-coordinator met with people and relatives to review their care plan and collated people's feedback during this process. People and relatives had been issued feedback questionnaires in June 2019.

Continuous learning and improving care

- There were systems and processes to monitor, access and evaluate the service. The manager maintained clear auditing records and evidenced when action had been taken. The manager was aware of shortfalls around the Mental Capacity Act and had planned for continued development.
- The manager worked in partnership with other agencies to ensure best practice was learnt. People's

support plans showed engagement with health and social care professionals and staff were encouraged to seek advice if they were unsure of how best to support an individual.