

Focus Care Services Limited

Focus Care Services - Huddersfield

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 29 September 2016 and was announced. The last inspection was in 2013 and the service was compliant with the regulations at that time.

Focus Care Services is a registered domiciliary care agency providing personal care and support to people in their own homes. The office base of the agency is situated close to the town centre of Huddersfield. At the time of our inspection there were five people who used the service for the regulated activity of personal care.

There was a registered manager in post. 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.

People's safety was considered and there were detailed risk assessments in people's care records for staff to understand how to support people safely.

Safeguarding procedures were known by staff and staff were confident to use whistleblowing procedures to report any poor practice. The safeguarding information available to staff contained internal details of how to report concerns, although contact information for safeguarding authorities was not immediately available.

Staff completed regular training and there was regular monitoring of staff competencies; staff were encouraged to reflect upon their practice and consider areas for development.

People's mental capacity was considered and their rights and choices were respected.

Staff had a caring attitude and approach to their work, they valued one another and they had a positive attitude towards ensuring people's privacy and dignity was respected.

Care plans were person centred, with regular reviews of people's care and evidence of people's involvement.

Complaints and compliments were appropriately managed with positive comments fed back to staff.

The registered manager promoted a culture of transparency and openness and aimed to ensure a quality service was delivered to people.

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.

Staff understood the risks to people and how to manage these in an enabling way.

Staff were confident in the safeguarding procedures.

Recruitment of staff was robust and vetting was thoroughly carried out before staff worked with people.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately supported through induction, training and supervision.

Staff understood the requirements of the mental capacity act.

Procedures for obtaining people's consent to care and support were appropriately followed.

Is the service caring?

Good ●

The service was caring.

People were involved and included in their care and support in an enabling way.

Staff were caring and patient in their approach and understood people's individual needs.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care documentation was person centred and illustrated how individual needs were met and monitored.

There were regular reviews of people's care and support.

Complaints and compliments were recorded well and the registered manager was proactive in sharing positive feedback with staff.

Is the service well-led?

The service was well led.

The registered manager promoted a culture of openness and transparency.

There was regular monitoring of practice to ensure people received a service that met their needs and promoted their wellbeing.

Audits were carried out regularly and action taken where needed.

Good ●

Focus Care Services - Huddersfield

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 29 September 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was conducted by one adult social care inspector.

We gathered and reviewed information before the inspection from notifications, and the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. This form enables the provider to submit in advance information about their service to inform the inspection. We contacted partners in the local authority and Healthwatch prior to the inspection. We spoke face to face with one person who used the service and by telephone with another person. We spoke with the registered manager and two staff in person, and a further five staff by telephone. We spoke with three people's relatives by telephone. We reviewed the care records for all people using the service, looked at staff files and documentation to show how the service was run.

Is the service safe?

Our findings

One person we spoke with said: "I feel safe, yes". One relative said they thought the staff were 'brilliant at keeping people safe'. Another relative said: "I have no concerns about safety". Staff all said people received safe care. One member of staff said people 'definitely' were safe in the service and told us: "Safety is at the forefront of what we do".

Staff we spoke with knew how to identify and report any safeguarding concerns internally and externally to ensure people were protected from harm. Where allegations were made, the provider took appropriate action and followed the procedures in line with the organisation's policy. We saw the policy and procedure were detailed although did not clearly direct staff to other relevant safeguarding agencies outside Focus Care Services; however, the registered manager said they would include this detail immediately. Staff understood the whistleblowing procedures which would enable them to refer concerns about practice in order to keep people safe and they understood the 'speak out - no secrets' policy with guidelines for them to report any unacceptable practice. Staff we spoke with said they all received safeguarding training and this was done when they started and again as refresher training. People's finances were safeguarded through regular auditing procedures and reviewed on a monthly basis to minimise opportunities for financial abuse.

Accidents and incidents were recorded and monitored to ensure people's safe care and treatment was being managed appropriately. Staff we spoke with knew how to report concerns and the registered manager told us care records were updated and risks re-evaluated where necessary following any incident or accidents.

Each person had a day to day care and risk assessment plan which we saw staff signed to show they had read. We saw comprehensive risk assessment plans which listed individual risks and the detailed strategy to be followed, with a risk rating from low to high. Staff we spoke with understood where to find the information about how to provide safe care for each person and they said this was regularly reviewed and updated.

Staff recruitment procedures were robust and we saw from records staff were thoroughly vetted before working with people. New staff who we spoke with confirmed there had been appropriate checks completed before they were able to start work at the service.

Staffing levels were maintained according to each person's individual needs and there were many staff who had been with the organisation a number of years. Staff we spoke with said they thought there were plenty of staff, although some told us the turnover of staff was high, particularly at busier times of year, such as summer holiday time. One member of staff said: "There's usually enough on the team, some staff are long standing, but students come and go". Staff said when turnover of staff was high, this meant people were supported by those who did not know them as well and the level of skill mix was not as fully considered. One relative we spoke with said they were aware of 'different faces' and staff turnover at busy times in the year, although they said their family member was content with familiar staff to support them. Staff rotas showed people were frequently supported by consistent staff. The registered manager told us they tried to achieve

consistency wherever possible.

Where people were supported to take medicines we saw there were protocols in place for this and a list of their medicines were contained within their files. We saw sample medicines administration records (MARs) to show how these were recorded. The registered manager told us staff were trained and their competency was assessed to ensure their ability to support people with medicines

Is the service effective?

Our findings

Relatives we spoke with said the staff were skilled at their jobs. One relative said: "I'm quite sure they know what they're doing. I get that impression".

We saw in staff files there were records of staff induction and feedback to individual staff from the registered manager in respect of staff's knowledge of each person they supported. Knowledge areas checked included risk assessments, risk free environment, medication requirements and records, healthcare requirements, personal preferences, support and protection of finances, family contact arrangements, fire safety and evacuation, infection prevention and control, routines, inclusion and person centred planning. Staff also told us and records confirmed, induction was sufficiently carried out to prepare them for their role. Staff said they had the opportunity to shadow more experienced staff before working independently.

Some staff we spoke with said the registered manager carried out spot checks of their practice. Staff who had been with the organisation a long time said they felt the registered manager trusted them to do their work, without the need for checks. The registered manager told us where spot checks identified a development need for staff training was arranged. There was a new care coordinator in post whose role it was to support in the monitoring of practice. We saw records of staff competency checks and how their understanding had been tested in relation to key areas, such as dignity and medicines.

Staff we spoke with said training was always offered, and some training was expected as a mandatory requirement, although not all staff felt this was encouraged in a supportive or incentive way by directors in the organisation, as they were not paid for training undertaken. One member of staff said they had training in areas such as dementia, and although this was not directly applicable to their current work, they found it useful in case they needed it.

We saw the training matrix was up to date and staff had completed training in areas such as infection control, moving and handling, health and safety, first aid, food hygiene, fire safety, medicines, safeguarding, dementia and mental capacity. We saw out of 29 staff, five had completed Mental Capacity Act (2005) training and the rest were 'pending'. We spoke with the registered manager about this and they told us they had made enquiries with Kirklees local authority for some face to face training as well as online training being available.

Staff received support from their line managers through regular supervision meetings. Staff we spoke with said they felt supported by their immediate managers and the registered manager, but far less so by the directors in the organisation. Supervision records showed regular discussions about practice issues and staff understanding of dignity in care. Staff had opportunities to discuss personal training and development as well as focus upon what went well and set objectives for further development. Staff were encouraged to reflect on matters and they clearly understood their roles and responsibilities.

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. Staff understood the legislation around people's mental capacity and procedures were in place to ensure consent was sought in line with good practice guidelines. The registered manager told us there was a policy of no restraint and staff confirmed they understood this. Where some people had a court order in place to restrict their liberty, staff signed to say they read and understood this and adhered to the court of protection ruling to ensure people's safety.

We saw documented discussions had taken place around consent, such as for the service to support people with their finances and there was evidence people were consulted, involved and supported in decision making about all matters affecting them. Some people signed their own care record where they were able and there was advocacy support for people where required. Where the registered manager wished to make spot checks of staff practice when working in people's homes, people were asked their consent for this to happen, with explanations as to why.

Staff we spoke with told us people were always offered choice in the way they were supported. One member of staff said: "Whatever the guys want us to do, we do it, we're here to support them but not to take away their choices". Another staff member said: "It's up to [the person] and what they would like from the service. We never assume what support they want; no two days are the same so we always ask". One relative we spoke with said: "I'm certain nothing would be done for my [family member] without a discussion that involved them".

The registered manager told us staff were aware to report any changes to people's health and wellbeing and if equipment was required to support a change in physical needs then referrals would be made to other professionals, such as occupational therapists or physiotherapists.

Is the service caring?

Our findings

One person told us staff were caring. A relative we spoke with said: "Yes they care, the staff care very much". Another relative said: "Well I think they're brilliant, they are so caring". Staff spoke to us about establishing a good relationship with people as a basis for their care. One member of staff said: "It's all about trust, people need to trust us and we need to be reliable for them. There's a good rapport between everyone". Another member of staff said the service was caring: "That's one thing, they are well looked after, definitely".

We observed interaction between one person who visited the office and the support worker and the registered manager. We heard respectful tones of voice and language was used in conversation with this person and staff were patient and friendly in their approach. Staff we spoke with were aware of the need to maintain people's confidentiality.

We heard how staff supported one person in a caring way when we wished to speak with them and the person on the telephone to gain their views. The staff member informed us they were supporting the person and asked us to call at a more convenient time, which showed they put the needs of the person first; then at the convenient time they supported the person to manage the telephone call and give their feedback.

The registered manager told us people's dignity and respect was supported and this was monitored through spot checks of staff's approach. We saw this had been a feature of staff discussion and there was a flipchart in the office that had been used for discussing equality and diversity, people's choices and rights, different cultures and values, personal preferences and choices, along with people's rights to take risks and have their choices respected. In care documentation we saw there was detailed information about people's needs in relation to inclusion, mobility, dexterity, language, religion and culture.

The provider information return stated 'we support service users religious preferences and gender requests or requirements, we have supported service users and staff, when it was applicable to attend gay rights events'. This illustrated the provider inclusive approach and recognition of people's diverse needs. It was clear from care documentation we saw, people were included and involved in their personal care and support and their voice was heard. Staff we spoke with said they would challenge practice if they thought people's rights were not being met.

Staff we spoke with said they promoted people's independence and adopted an enabling approach to encourage people's abilities. The registered manager told us advocacy services were available to people who may need assistance with complex situations and decision making support.

Is the service responsive?

Our findings

One person we spoke with said the staff were reliable and told us: "[Staff] comes on time". They also said: "I'm happy, happy with everything". Relatives said the service was reliable and met their family members' needs.

We saw people were included and involved in what was taking place in the service. One person came into the office and had a chat with the registered manager on their way to a shopping trip. The registered manager introduced the person to the inspector and explained the inspection process and the reason for the visit. The person briefly spoke with us, although this was limited, however, their facial expression and body language when asked about the service was positive. We overheard the registered manager and support staff spoke with the person about what groceries they were going to buy, and gave reminders about checking dates on the food in the shops so it would last.

The service user guide was available with information for people about the service. This was also available in audio format and there were plans to produce in alternative formats to be more accessible to people. The registered manager told us this guide was due for review. The provider information return stated there was an out of hours advisory line should people wish to discuss their care needs out of office hours.

Care records were person centred and detailed people's individual preferences for their care as well as essential health and safety information. These were regularly reviewed to ensure information was current and valid. Hospital passports contained key points for other professionals should a person need to go to hospital. It was clear from our discussions with staff, they had read each person's care record, knew each person well and understood their individual likes, dislikes and preferences for care.

Detailed daily logs were completed for each person with information about their day, activities, mood, care given and other key information. Care records were written in the first person and included detail to help staff support their individual needs. Communication sheets showed people had regular contact with the registered manager and had been able to discuss aspects of their care and daily support.

Where people's times of care changed, the service accommodated this and ensured staff were informed promptly via internal memos. The registered manager told us people determined their own times of care and if they wished to change these at any time, such as for an appointment or an event, the service was flexible to accommodate the changes.

We found people and relatives had information about how to complain if they were unhappy with the service. Relatives and one person told us they would speak with any of the staff if they had concerns. We looked at the file of complaints and compliments. The service used 'have your say' leaflets which invited people to send any complaints or compliments by freepost to the office. Positive comments were received and we saw an annual summary of all complaints and compliments. Where people had raised complaints we saw detailed responses were made. For example, one person had complained about staff using their mobile phone and this had resulted in a discussion with the person and the member of staff, and a clear

letter to the person informing them of the outcome of their complaint. A letter was sent to all staff to remind them about the company policy regarding mobile phones. Compliments received included praise given to staff by a person who used the service. We saw letters to staff from the registered manager which thanked them for their work supporting people. The registered manager told us it was important to show staff they were valued and any positive comments were always shared.

Is the service well-led?

Our findings

Relatives we spoke with said the service was well managed and they knew who the registered manager was. They told us they would approach the registered manager to discuss any aspects of the service. One relative said there was effective communication between the registered manager and themselves in partnership to support their family member, such as at service user review meetings. They told us: "I'm impressed by it, it runs well".

The registered manager had run the service for a number of years and was familiar with the people, their families and the staff. The registered manager promoted a culture of transparency and openness and aimed to ensure a quality service was delivered to people in their own homes. The registered manager told us they had an open door policy and we saw this was so. For example, we saw records that showed people who used the service regularly contacted the registered manager, either by telephone or in person and staff communicated with the registered manager easily and comfortably.

Staff said the registered manager ran the service well and they felt able to approach them to raise any issues. Staff gave praise for effective teamwork with their immediate colleagues and with the registered manager. One member of staff said: "We all get along well, we know how each other works and there's a good team". However, some staff said communication was not effective or supportive from directors in the organisation and this affected morale at times as they did not always feel valued or recognised for the work they did with people.

The registered manager had a clear focus on people's needs at the centre of how the service was run and said they monitored the quality of the provision through regular contact with staff, people and their families. We saw records of regular quality assurance visits, such as in people's care files. At these visits the registered manager checked staff practice and knowledge in relation to matters such as security, ID, engagement with people, dignity and respect, safety and the well being of the person being supported.

We saw robust audits were completed every four weeks and included daily records, finance records and MARs. Audits identified practice issues such as enablement and people's participation in their care and support. Where issues were raised we saw evidence of action taken. The registered manager understood the need for confidentiality and all documentation was well organised and up to date.

The company website stated the visions and values of the service and one relative we spoke with had seen the site. The information emphasised the service was person centred, with care based around people's individual needs.

Staff we spoke with understood their roles and responsibilities and had a clear understanding of the line of management and accountability for their role. The registered manager told us they appropriately delegated line manager responsibility for supervision and supporting staff, whilst being visible to all who used the service and each member of staff who worked there. This meant they had oversight of the quality of the service being delivered.

