

Focus Support Limited

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Inspection report

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Date of inspection visit:
22 January 2019

Date of publication:
18 February 2019

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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

Focus Support Limited provides personal care to people living in their own homes so that they can live as independently as possible. At the time of our inspection there were seven people receiving support with personal care. They were living in two supported living houses. The provider supports others in the community who do not receive help with personal care. However, this inspection and report only relates to the seven people receiving the regulated activity of personal care. Those people not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC). Where people live in supported living accommodation their care and housing are provided under separate contractual agreements. CQC does not regulate the supported living premises people live in and this inspection only looked at their personal care and support provision.

At our last inspection in September 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and the relatives who gave us their views. People were encouraged and supported to maintain and increase their independence.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People received care and support that was personalised to meet their individual needs. They received effective care and support from staff who knew them well and were well trained. A community professional thought staff had the knowledge and skills they needed to carry out their roles and responsibilities.

People knew how to complain and knew the process to follow if they had concerns. People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the supported this practice.

Where people were potentially being deprived of their liberty, the service knew to make the relevant commissioning authorities aware. This was so that commissioners could make applications to the Court of

Protection for the appropriate authorisations.

People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service and staff. Staff were happy working for the service and people benefitted from staff who felt well managed and supported.

Further information is in the detailed findings in the full report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Focus Support Limited

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 22 January 2019. It was announced and was carried out by one inspector. We gave the registered manager 48 hours' notice because the location is a small service and we needed to make sure the relevant staff and information would be available in the office.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with four of the seven people who use the service, the registered manager and three members of staff. We received feedback from three relatives. We requested feedback from 16 community professionals and received responses from three. We also requested feedback from 16 members of staff and received responses from six.

We looked at two people's care plans, daily notes, monitoring records and medication sheets. We saw five staff recruitment files, the staff training matrix and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, management audits, policies, incident forms, meeting minutes, compliments and concerns records.

Is the service safe?

Our findings

The service continued to provide safe care and support.

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe with the staff. Relatives said they felt their family members was kept safe by the service. A community professional felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with activities of daily living such as bathing, showering and cooking. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. Three staff files had gaps in employment that had not been identified. The registered manager was able to obtain the missing information the day following the inspection. The registered manager told us they would put in place a further check of required recruitment information before allowing new staff to work unsupervised with people who use the service.

Staff were provided in line with the hours identified in people's individual care packages. All staff said they had enough time to provide the care people needed within the time allocated to them. People said there were enough staff to support them when needed. A community professional felt there were enough suitable staff to keep people safe and meet their needs.

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

People's medicines were handled safely. The training records confirmed staff had received training. Only staff trained and assessed as competent were allowed to administer medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

Staff received training in the control of infection and we saw they put their training into practice as they supported people in one of the supported living houses.

Is the service effective?

Our findings

The service continued to provide effective care and support.

People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light. A community professional thought the service provided effective care and that staff had the knowledge and skills they needed to carry out their roles and responsibilities. We saw a compliment sent to the service in 2018 from a community professional who said, "I saw [name] yesterday – what a great job his support workers are doing with him. [Name] is looking so well and, as a team, we are really pleased with his progress."

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. They felt staff had the knowledge they needed when providing support. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory, such as fire safety, administration of medication and food hygiene. All mandatory training was up to date or dates had been scheduled where the training was due. We found staff received additional training in specialist areas relevant to the needs of individual people, such as epilepsy.

Staff were encouraged to study for additional qualifications. Of the 16 care staff, one held a National Vocational Qualification (NVQ) in care at level 2, three held an NVQ in care at level 3 and one held a diploma in health and social care. Three staff members were studying for their NVQ level 3 qualification in care.

Staff received formal supervision three times a year to discuss their work and how they felt about it. Twice a year the staff have a spot check of their work where the registered manager observed their practise while working with a person using the service. Once a year the staff had a formal appraisal of their performance over the previous 12 months. Staff told us they had regular supervision which they felt enhanced their skills.

People's rights to make their own decisions were protected. We saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in

their best interests, via an application to the Court of Protection. The registered manager was aware when applications to the Court of Protection were necessary. Where applicable, she had contacted the people's funding authority to have appropriate assessments carried out so that applications could be made to the Court of Protection for a deprivation of liberty order.

People were able to choose their meals, which they planned with staff support if needed. Where there was concern that someone was losing weight, staff made referrals to dietitians and speech and language therapists via their GP.

People received effective health care support from their GP and via GP referrals for other professional services, such as occupational therapists. The care plans incorporated advice from professionals when received. A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. Another community professional told us, "When I have visited the service the staff interacted well [with people], they knew how to effectively support them and demonstrated person centred care."

Is the service caring?

Our findings

Focus Support Limited continued to provide a caring service.

People were treated with care and kindness and their rights to privacy and dignity were supported. Staff showed skill when working with people who were comfortable with staff and were confident in their contacts with them. Relatives said staff were caring when they supported their family members. A relative commented, "My [family member] seems very happy with the sort of family service that he receives. Which is a great improvement on some of his previous placements." A community professional thought the service was successful in developing positive caring relationships with people. They also said staff promoted and respected people's privacy and dignity.

People's wellbeing was protected and all interactions observed between staff and people who use the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and relatives said staff knew how their family members liked things done. People were involved in their annual reviews and their views on the support they received was regularly sought. We saw a comment one person had made to a staff member when asked if they were happy with their support, they answered, "Yes, very, very, very happy." When asked what made them happy, they said, "Being with a nice support worker, having a nice manager and being with a good company."

People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. Relatives said the staff encouraged their family members to be independent. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

People's equality and diversity needs were identified and set out in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. Staff were respectful of people's cultural and spiritual needs and knew the needs of each person well.

People's right to confidentiality was protected. All personal records were kept locked away and were not left out in public areas of the supported living house.

At the time of this inspection the service was not providing end of life care to anyone using their service.

Is the service responsive?

Our findings

The service continued to provide responsive care and support.

People received support that was individualised to their personal needs. Relatives said their family members received the care and support they needed, when they needed it. A community professional thought the service provided personalised care that was responsive to people's needs. At a recent review it was recorded that the person's relatives had commented how impressed they were with the staff team. They said staff had been proactive in encouraging their family member to participate in activities as well as managing his behaviours and recognising his needs.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. The daily notes demonstrated staff provided personal care based on the way individuals liked things done. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or registered manager so that the care plans could be updated. People told us they were happy with the care and support they received from the service. The care plans we saw were well written and up to date.

People in the supported living houses were able to participate in different activities they were interested in. They could choose what they wanted to do and were also able to try out new activities when identified. They were involved in the local community and visited local shops, pubs, cafes and other venues. This meant people had access to activities that took into account their individual interests and links with different communities.

Information was provided, including in accessible formats, to help people understand their care and support. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them.

Is the service well-led?

Our findings

The service continued to be well-led.

The service 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

There was an effective audit system in place that included audits of different aspects of the running of the service including care plans, medicines, staff training, staff supervision and other documentation. Where issues were identified, actions had been carried out to ensure everything met the required standard.

A community professional felt the service demonstrated good management and leadership, delivered good quality care and worked well in partnership with other agencies. People benefitted from a staff team that were happy in their work. Staff felt the service was well-led and it was clear they enjoyed working at the service.

People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.

Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a high standard. Staff said the managers asked what they thought about the service and took their views into account. All staff said they would recommend the service to a member of their own family.

People and their relatives felt the service was well managed. Relatives said the management listened and acted on what they said. We saw a compliment sent by another relative to the service. They said, "Thank you to [staff name]. [Name] is really flying! ... he has the sense of a normal life and I truly don't think he would be where he is today without your support and guidance."