

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Focused Healthcare Limited

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Date of Inspection: 08 March 2013

Date of Publication: April
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Focused Healthcare Limited
Registered Manager	Miss Nicola Nicholls
Overview of the service	Focussed Healthcare Limited is an agency which provides care and support to children and young people up to the age of 25. Many of the children and young people cared for have learning disabilities, physical, medical and mental health needs. At the time of this inspection the agency was providing services to 72 children and employed 350 staff.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Nursing care Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 March 2013, talked with carers and / or family members and talked with staff. We reviewed information we asked the provider to send to us and reviewed information sent to us by commissioners of services.

What people told us and what we found

We found that the provider actively involved people who used the services and in the development of their individualised care plans. One carer said, "my support worker always provides me with information and copies of care plans". The provider sought feedback from people who use the service. One parent said, "they call me regularly and come round when I need to speak with the manager". We saw evidence that risk assessments and risk management plans and safeguarding policies were in place to protect people who use the service. Staff were supported with their daily, practice and undertook training relevant to their role within the provider organisation. Staff told us they were provided with training opportunities that met their clinical and professional development needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care. The majority of people who were cared for by the agency were under the age of 18. Parents were supported by staff to represent the opinions of the person who used the services. One parent we spoke with said, "Me and my child were involved in the care planning and all reviews".

People who use the service were given appropriate information and support regarding their care, and understood the care choices available to them. For example, a parent told us that when they had an urgent appointment, they were able to request additional care provision so they could go to the appointments. People had copies of their own or the family member's care plans at home.

People were supported in promoting their independence and community involvement. For example, staff told us that they supported people who used the service to participate in community activities, including attending schools, daycentres and social activities in their local community.

People's diversity, values and human rights were respected. Services were provided to diverse people and information, including care plans, was translated into several languages, when this was required. Staff identified the specific needs of the child and their family at initial referral and assessment stages. Staff were culturally matched to children and their family whenever possible. People told us they felt encouraged to be involved in the development of their care, resulting in a positive impact for people who used their services.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plans. Parents we spoke with told us that the care plans met the needs of the children who were cared for. Parents were provided with a folder with the provider's information and service provision when care support began.

We reviewed ten care plans during our inspection. These showed the service regularly reviewed the care that was delivered. Parents told us that they were very happy with the care provided. One parent said, "my care worker knows my daughter very well, even though she is unable to speak with her. The care worker communicates with and understands my daughter's needs". For example, each child had a qualified and experienced key worker, who was involved with the family in care plan reviews, to ensure that people using the service were represented by people who understood their needs and wishes during care reviews. Care was planned and delivered in a way that was intended to ensure people's safety and welfare. For example, a child with communication needs had a communication book with signs and symbols specific to their individual needs. The communication book included the child's favourite things to eat, talk about and what social activities they enjoyed taking part in.

Another care plan outlined how the child liked to be cared. For example, they preferred to have their personal care needs attended to before breakfast. Care plan records contained risk assessments that demonstrated what the child's social and medical care needs were. Potential areas of risk and the management of those risks were identified. All the care plan records we saw had been signed by the parent. All the care plans we saw were tailored to people's specific needs. For example one child had a medical condition, the care plan explained in basic language what the condition was, how the symptoms manifested specifically to the child and what emergency action to take if the symptoms are different to those displayed by the child.

There were arrangements in place to deal with foreseeable emergencies. Most staff were trained in basic adult and child life support and first aid, fire safety, complaints and incident recording systems, lone working and quality assurance policies. The provider ensured that care was provided in line with the care plan and the individual needs of the child, to ensure that safe and appropriate care was given was provided.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse from happening. Safeguarding policies were in place to protect vulnerable adults, young people and children. Staff were aware of the London wide safeguarding policy and procedures. Staff were knowledgeable in identifying abuse and reporting allegations of potential abuse and had received training on safeguarding procedures. There was evidence in all of the 10 staff files we looked at during our inspection that the provider undertook an enhanced police records check on all its care staff.

Staff were aware of and described to us the procedures that they had to follow if abuse was suspected. The agency's registered manager was made aware of all safeguarding concerns, a 24 hour on-call contact was available for staff to raise safeguarding issues, and a senior manager managed all safeguarding issues on behalf of the provider. At the time of inspection, the provider had no open safeguarding cases. Parents said that they felt their children were protected from harm. They were aware of how to alert and escalate any allegations of abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We reviewed ten care worker and nurse files. The files were organised.

Staff told us they felt very supported in their roles. Policies and procedures were in place to support and protect staff, for example most staff worked alone and there was a lone working policy in place to provide them with guidance about how to keep themselves safe. Staff were given a care workers handbook, which introduced them to the children and families they were assigned to, and included information on how to care for them.

There was a training programme in place that equipped staff to carry out their roles. Training included induction training in working with families, record keeping and confidentiality, safeguarding adults and children. There were systems in place to record staff attendance at training, identify staff with further training needs and remind managers when staff mandatory training was due for renewal.

Staff received appropriate professional development. Qualified staff and nurses were encouraged and supported to maintain links with their professional organisations. Staff told us that the provider encouraged them to undertake training relevant to their nursing roles. We saw evidence that staff had annual appraisals and a one-to-one supervision every six weeks. In some circumstances, staff had more frequent supervision and were able to make contact with senior and clinical staff during the day and on an on call basis. The provider employed a practice facilitator who undertook staff spot checks and provided staff with clinical advice where necessary.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Parents we spoke with said that their needs were taken into account. One parent said, "staff always return my call when I have a concern". Parents said staff acted on their comments, for example one parent said that, "when changes are required, they make changes quickly".

Other stakeholders such as specialist user groups, commissioners and representatives from the local NHS healthcare trust and community groups were asked for feedback on the services provided by the agency. Most stakeholder feedback was positive. For example, overall the agency was rated as "excellent" for quality and providing consistent services, and as "good" at dealing with complaints and respecting equalities.

There was evidence that staff learnt from incidents that took place and that appropriate changes were implemented as a result of the learning. For example, a carer had been unable to visit a child who required support at night because they had no access to suitable transport; the provider had since registered with a taxi service so staff could access transport in an emergency.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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