

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to 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 80 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:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safety, availability and suitability of equipment	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 announced 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 25 October 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

We carried out a short notice inspection of this domiciliary care agency.

Most people told us they were happy with the care and support provided to their children. Parents described the service as 'excellent', 'flexible' and 'caring'.

Families were kept informed and properly engaged in giving consent where needed.

Children's needs were assessed and reassessed by competent professionals. Staff carried out regular care reviews, including checks on the quality of care provided by staff, and worked collaboratively with others involved in children's care. The service monitored medical equipment and ensured that staff were trained to use it.

Children were cared for by staff that had had appropriate pre-employment screening, including checks made by the Disclosure and Barring Service and checks on the quality of previous experience.

There were systems in place to monitor the quality of service provided. Families gave regular verbal feedback and there was regular contact and review visits by qualified professionals. Formal feedback was gathered and analysed. The agency systematically managed and reviewed risks, incidents and complaints.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The service provided care and support to children and young people with complex needs. Parents told us that they were involved with planning their children's care and that staff had in-depth conversations with them before carrying out care or changing the way care was provided. Children's wishes were sought and influenced the ways care and support was given. Staff understood the need for on-going consent and the involvement of parents and their children.

There were guidelines and training for care staff about working in people's homes and about maintaining professional boundaries around privacy and consent. The impact of having carers working in their homes was also made clear to parents. All the care files we saw contained information about parent's and children's wishes and relevant signed consent forms, along with information about how consent would be obtained initially and on an on-going basis. Parents indicated what information they wished to be shared with others.

We saw evidence that the service dealt appropriately and sensitively with complex consent issues in line with current legislation, local authority guidelines and best clinical practice.

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

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plans. All new assessments were undertaken by an experienced children's nurse. Parents received detailed information about the service when care commenced. This included a shared agreement about how their child's needs would be met.

Each child had a detailed care plan. We saw care documentation for eight children. Care had been planned and reviewed regularly. The care plans we read were agreed and signed by a parent. Most parents we spoke with were pleased with the quality of the care, care planning and the way staff worked with them. One parent said, "the carers are careful, conscientious and thoughtful." A parent described how care staff supported their child with their social and cultural needs. Another said, "they are thorough, caring about our family and very accommodating." However, one parent expressed concerns that communication from the service had not been consistent or regular.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Most children receiving the service had highly complex needs and received continuing care. All care plans contained a range of risk assessments that covered each child's physical, mental health and social needs. One parent said, "I feel safe leaving my child with the care staff".

Staff were trained to identify risks and to act quickly if there was a concern. They gave examples how the service increased the level of care when a child's needs changed. We saw further examples of responsiveness and risk management in care documentation.

There was evidence that the service generally ensured that regular carers worked with each child to maintain continuity of care. Most parents said they had regular care staff visit them who were flexible and kept in touch. However, one parent indicated that the service had had difficulty providing carers who consistently matched their preferences and needs.

Senior staff attended regular multidisciplinary meetings to coordinate care. Staff we spoke with had a good understanding of the needs of the children they cared for.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in basic adult and child life support and first aid, fire safety, managing incidents and lone working. Senior clinical managers were on call twenty four hours a day. Staff confirmed that they could always contact a skilled on-call manager when they needed to. The service had the capacity to take emergency referrals.

We reviewed incident recording and spoke to the manager and senior staff about emergency management. They gave examples of how staff responded to critical situations and how they were supported. The service had proactive procedures to support staff and families following emergency incidents, which could be life threatening.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment by good systems for using and maintaining equipment. Many children receiving the service had highly complex physical needs that required medical equipment, for example, to help them breathe or receive nutrition.

All equipment in the home was provided by commissioning authorities. There was a policy and procedure for staff to follow that outlined their responsibilities for checking and reporting problems with equipment.

Senior staff undertook joint visits with allied health professionals such as occupational therapists to assess equipment requirements. We saw a range of documentation that demonstrated how the service ensured children received appropriate assessments for equipment they needed.

Staff skills were checked at interview and assessed when starting work. All staff received relevant mandatory and specialist training once they started work, including annual manual handling training and specialist training in using equipment. Staff were only allowed to use equipment after they had been fully trained and had their competency checked in people's homes. Staff competencies were regularly reassessed and staff confirmed that they felt sufficiently trained to use equipment safely.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the time of our inspection, there were approximately 350 staff members. We sampled eight files and saw that the appropriate checks had been carried out before staff started work. All staff had undergone checks by the Disclosure and Barring Service, provided evidence of their qualifications and provided details of referees. All new staff were screened for blood borne viruses and had their immunity checked.

The service employed staff with a specified level of recent experience in caring for children. Recruitment was led by an experienced paediatric nurse.

Since the last inspection, the service had expanded and created several new management and supervisory positions, including a family support manager and clinical nurse manager posts which have been filled by nurses with extensive experience in working with children and families in the community.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and their views were acted on. We saw completed formal survey forms with positive feedback about the service. Parents told us they were asked for their feedback.

Clinical managers visited each family regularly to check on their satisfaction with care. The service reported quarterly to commissioners and gathered feedback from stakeholder groups. The feedback we saw was positive. We also saw examples where staff advocated effectively to improve the quality of care and support given by other organisations to children who used this service. We saw evidence that the service responded appropriately to complaints.

Decisions about care and treatment were made by the staff at the appropriate level. A Clinical Care Manager assessed each new child and planned their care. They met with each family after referral and introduced new care staff to them.

There was a comprehensive risk management system in place and staff had a good understanding of keeping potential risk under review. For example, the service had recently reviewed its safeguarding policy and procedures and increased the level of safeguarding training provided to all staff.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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