

FOCUS-ON- CARE LIMITED

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Inspection report

Unit 24B
Basepoint Enterprise Centre, Stroudley Road
Basingstoke
RG24 8UP

Tel: 01256809605
Website: www.focusoncareservices.co.uk

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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

The service is a domiciliary care agency which provides personal care services to people living in their own home. There were seven people using the service at the time of the inspection.

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

People told us they were happy with the care they received. They told us that they had a consistent service, at planned times with staff they were familiar with.

People told us that care was in line with their needs and that they were asked to contribute towards the planning and reviewing of their care arrangements.

People's care plans were individualised and reflected their preferred routines around personal care and measures to reduce any risks related to the delivery of care.

People gave positive feedback about the management of the service. The registered manager was a very visible presence, who understood people's needs, responded positively to complaints and communicated effectively with people, relatives, professionals and staff.

There were effective systems in place to monitor the quality and safety of care. This included systems to monitor care call times, durations, records of medicines administration and care notes. The registered manager had a good oversight of the service and understood their regulatory requirements.

People told us staff were caring and friendly. They said they were respectful, treated them with dignity and worked to promote their independence.

Staff were positive about working for the provider, telling us they received appropriate training and good support in their role.

There were enough staff in place to meet people's needs. The registered manager had taken a responsible approach to increasing the size of the service to ensure this could be done safely.

Staff recruited were subject to appropriate pre-employment checks and there was a structured induction into their role, which helped to promote good quality care.

The provider had systems in place to protect people from the risk of suffering abuse or coming to avoidable harm. The registered manager had a good understanding of how to appropriately respond to risks or concerns about people's welfare.

There were systems in place to ensure that any learning from incidents was shared with staff to promote

improvement.

Staff had received training in infection control and understood the steps needed to maintain good practice in cleanliness and hygiene.

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.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 3 February 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 LIMITED

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. 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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

We reviewed information we had received about the service since their registration with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and relatives via telephone about their experience of the care provided. We

visited the provider's office on 4 May 2022 to speak with the registered manager and review records, policies, audits and care plans. We spoke to four staff via telephone on 29 April 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from staff. Comments included, "[My relative] feels very confident with them [staff] and we trust them in the house. So, I know if I'm out, that [my relative] is looked after and the home is safe."
- The provider had policies and procedures in place to safeguard people against the risk of suffering abuse or coming to avoidable harm. Staff had received training in safeguarding adults and were able to describe the actions they would take to help keep people safe.
- The registered manager had a good understanding of procedures to follow when concerns were raised about people's safety or welfare. In one example, a relative told us the provider took appropriate steps to confirm the identity of a visiting professional before providing them information about their relative's key safe code. They told us, "Once a nurse phoned the office [provider] for the key code [to enter person's house]. The registered manager refused to provide it and sent a member of staff over to check the nurse's identity."

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify how staff should work safely with people. This included assessments around medicines administration, falls and people's home environment. One relative told us how the provider had reduced the risks around their family member suffering falls. They said, "[My relative] was falling a lot, which was a main concern in seeking additional care. The incidences of falls have declined considerably as she has accepted help."
- There was a business continuity plan in place. This detailed the measures to keep the service running safely in the event of exceptional circumstances, such as, staffing shortages or extreme weather. People's care needs were risk assessed to ensure the most vulnerable people were prioritised in the event of such circumstances.
- There was a 'non-entry' policy in place. This outlined procedures staff should follow if they were unable to establish contact with people at planned care call times. This helped to ensure the provider could establish people's safety and whereabouts. One relative told us they were contacted when their family member was not at home at the planned time of care call. They said, "[The registered manager followed their procedure in checking [my relative's] whereabouts with us. I think they always put safety first."
- The provider had an 'out of hours on call service'. This was a telephone-based system operated by senior staff outside of office hours. People, relatives and staff told us this service was responsive and reliable. One member of staff told us, "I can always ring the registered manager out of hours. He is really responsive and will come out to help."

Staffing and recruitment

- People and relatives told us staffing levels were good. They told us they received care from consistent staffing teams at planned times. Comments included, "They manage to send the same few staff all the time. They come when expected and stay the full time", and "They are a team of five all together, with two of them consistently providing the morning and bedtime visits."
- The registered manager planned how the size of the service would grow to ensure they could take on new packages of care safely. This included analysing staffing numbers, skills and locations of new referrals.
- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment.

Using medicines safely

- People were happy with the support they received from staff in the management of their medicines. Comments included, "They check with [my relative] that she has taken her medicines."
- People's care plans detailed how independent people wished to remain around their medicines management. This helped to ensure staff had a clear understanding of the care tasks required. One relative commented, "[My relative] still has capacity to manage his own meds but it's part of the care plan that staff observe him taking them."
- The provider had a medicines policy in place. This detailed the procedures staff were required to follow to help ensure they administered people's medicines in line with best practice guidelines.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. The provider had a good supply of PPE available for staff to use during their care visits. People and relatives commented, "All covid precautions have been in place, I've never worried about that. They dispose of everything used and leave the house as they find it", and, "They clean up after themselves and have been consistent in use of PPE."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date. Staff told us that the registered manager had kept them informed about changes in guidance throughout the COVID-19 pandemic. One member of staff said, "There were lots of changes in guidance. All through it, the registered manager kept us updated."

Learning lessons when things go wrong

- The registered manager investigated incidents, looking for causes and trends to help reduce the risk of reoccurrence.
- The registered manager shared learning from incidents with staff through team meetings, training sessions, memos and discussions in staff supervision.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us the registered manager completed good quality assessments of their needs prior to care commencing. Comments included, "We discussed exactly what was needed and when, and he [the registered manager] went into very detailed characteristics. They could start a service very quickly and the care plan was already in place", and, "The registered manager assessed the needs about two weeks before the service started. They have delivered on what we agreed, probably more."
- The registered manager identified suitable staff to match people's needs during the assessment. People and relative's comments included, "When the registered manager came for the initial assessment visit, he brought along the care worker who would be the first to work with [my relative]." This helped to ensure that people were supported by a familiar staff member when care commenced.
- The registered manager utilised information from professionals involved in people's care when initially assessing people's needs. This included reports from social workers and health professionals. This helped to ensure that everything was in place prior to care commencing to effectively meet people's needs.
- The provider utilised technology to promote the effective delivery of care. This included an electronic care planning system, which helped the provider monitor care call times, durations and how care tasks were carried out. This enabled the registered manager to have an insight into how care was being delivered and the quality of service people received.

Staff support: induction, training, skills and experience

- People told us that staff were skilled and professional. Comments included, "They [staff] understand that [my relative's] abilities go up and down, and work in response to good and bad days. They definitely know what they are doing", and, "Staff appreciate and understand what these [medical conditions] mean for my relative and how they must care for her."
- Staff received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff completed an induction, which included shadowing more experienced staff. People and relatives told us this system worked well as it helped familiarise new staff with people's needs. Comments included, "New staff do a week shadowing experienced staff, at different times, which works really well, which means when [my relative] has had someone new, she has already met them five or six times before they actually work with her." One member of staff told us, "After you shadow staff a few times, you understand different approaches and which approach works best for people."
- Staff received ongoing support in their role through supervisions and observations of their working practice. The registered manager used this as an opportunity to identify staff's strengths and ongoing

training needs. Staff were positive about the training and support they received. One staff member told us, "The training was relevant and useful."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet. Their nutrition and hydration needs were documented in their care plans.
- Staff understood the importance of hydration and ensuring people had plenty of fluids available to drink. Staff told us they were conscious to monitor the signs people were at risk of malnutrition and dehydration. They said they would raise concerns to the registered manager if they arose.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were documented in their care plans. This included guidance for the management of specific healthcare conditions for staff to follow.
- Guidance and recommendations from professionals were reflected in people's care plans. The registered manager had made referrals to appropriate professionals when people's needs changed. This included referrals to occupational therapists to ensure people had suitable mobility aids in place.

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 MCA 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.

- The provider had appropriate systems in place to gain consent from people to provide care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives told us that staff were patient, caring and friendly. Comments included, "[Staff] are just so friendly. [My relative] knows them by name and chats with them", "[My relative] loves them [staff] and the morning visit gets her feeling good for the day; they [staff] come in so jolly", and, "[My relative] says she is really happy with them [staff] and I can see that she is."
- Staff were encouraged to spend time with people where possible to promote their wellbeing. Comments included, "If [my relative] doesn't need much doing on a particular visit, staff will use the time to sit and chat. [My relative] loves them, sees them like family", and, "The social aspect is as important to [my relative's] wellbeing as the physical help."
- Staff we spoke to were enthusiastic and motivated in their role. Comments included, "It feels good to connect with people. Spending time forming a meaningful relationship with people is special", and, "You get to know people well and it feels like you form friendships."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- People and relatives told us the provider was effective at communicating and involving them in decisions about their care. Comments included, "The staff and registered manager are all excellent at sharing information and concerns", and, "We [family and the provider] share information all the time, for example last week [my relative] wasn't well and they asked for updates all the time."
- The registered manager carried out regular reviews of the care provided involving people and relatives. Comments included, "I think they [the provider] appreciate the needs of the family as well as the individual they come to see", and, "The registered manager checks quite often that we are happy with the service. If I ring him he will use the opportunity to enlarge the conversation and ask how [my relative] is and how I am managing."
- People were informed when their care visits were scheduled and if there were any changes. They told us they were sent a rota of planned care visits, which was updated if there were changes in times. Comments included, "We have a rota of who will be coming, and staff will text to let us know when precisely they will arrive."
- People were given a choice around their staff. The registered manager told us they tried to identify people's staffing preferences during the initial assessment of their needs. They said that any preferences would be accommodated where possible. This helped ensure that compatible staff were sent.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that their care was never rushed and staff carried out tasks at a pace which they were comfortable with. Comments included, "The visits never feel rushed, even though I know they [staff] are busy", and, "They [staff] take their time as necessary and use time to chat with [my relative] if he doesn't want a meal or other tasks have been completed."
- People told us staff were respectful of their home environment. Comments included, "They [staff] show good respect for the home and our privacy", and, "Respect for our home [from staff] is absolute". The registered manager had instilled the need for staff to be respectful of people's homes. They told us, "Staff should have manners, knock on people's doors before entering, wipe their shoes and generally respect people's property."
- People were supported to be as independent as possible. Comments included, "Staff are always encouraging [my relative] to do as much as possible for themselves", and, "[My relative] has plainly improved in confidence and abilities as a result of the care provided; she now goes out on her own again." One staff member said, "Every day is different, you can't assume things are the same as yesterday. You have to give people personal choice and promote their independence."
- People's care plans identified how and with whom the provider could share care related information with. This helped to ensure that people's private information was only shared in line with people's instruction and wishes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received care in line with their needs. Comments included, "They [staff] do all that's required, and I think they are good value", and, "They do all the intimate care, which complements my role as main carer. Life has improved so much as a result of receiving this service, [My relative] feels supported and so do I."
- People and relatives told us the provider was very responsive when implementing required changes to people's care. Comments included, "I've requested an earlier visit, which was arranged straight away", and, "I've had a lot of contact with the registered manager, who is very responsive. For example, we wanted a later bedtime visit and it was seen to right away."
- People's care plans were reflective of the care people required and their preferred routines around support with personal care.
- Care plans were accessible to staff by accessing the electronic care planning system via their telephones. Staff told us the electronic planning system ensured they had access to the most up to date assessment of people's needs. One staff member said, "All the information in care plans is current and all the [care] tasks are set out for us to follow."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs to ensure they were met. This included providing information and communicating with people in an adapted form when required. For example, one person was assigned a staff member who was fluent in their native language. This helped to aid communication with the person.

Improving care quality in response to complaints or concerns

- People and relatives told us that the registered manager was responsive when responding to concerns or complaints. One relative said, "I phoned once about lateness and was happy with the response." The registered manager had investigated any complaints received and given feedback to people to help resolve any issues raised.
- The provider had a complaints policy in place which detailed how complaints and concerns would be responded to.

- The registered manager shared learning and feedback with staff after investigations into complaints were completed. This helped to ensure that any issues identified were addressed.

End of life care and support

- Staff had received training in delivering responsive and empathetic end of life care.
- One relative told us about how the provider had worked effectively alongside other professionals to support their family member towards the end of their life. They commented, "They are working alongside the palliative team for an end of life plan, we have two carers mornings and evenings plus one-person visits twice in the day."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives were positive about the management of the service. They said the registered manager was positive, engaging and approachable. Comments included, "The registered manager is very amenable. It's easy to contact the office and the registered manager has always stressed the importance of contacting him about anything of concern", "The registered manager is very proactive. The company is small and you get to know everybody", and, "I can ring the registered manager any time. As far as I'm concerned, it's a brilliant service."
- The registered manager was heavily involved in the day to day running of the service. They had a good understanding of people's needs and was highly motivated in ensuring people received good quality care. They told us, "I started this business because I wanted to help people and change people's lives."
- Staff told us there was a positive atmosphere and ethos at the service. They said the registered manager was supportive and a positive role model. Comments included, "I can never fault the registered manager, they demonstrate good leadership skills as he is always there to give support when needed", and, "The registered manager is a really bubbly person. They have an open-door policy and you can develop a good rapport with him."
- The provider had maintained a high level of staff retention, with many staff working in their role since they registered with CQC. The registered manager told us that it was important to value staff as this promoted consistency and stability to the service. One staff member said, "The registered manager always shares positive feedback from families. This makes me feel positive about coming to work and valued".
- The provider had received numerous compliments from people and relatives about the quality of care and service they received. The registered manager shared this feedback with staff, which helped to reinforce good staff practice.

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

- The registered manager was aware of their responsibilities in relation to duty of candour. There were policies in place to help ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

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

- The registered manager had a good oversight of the quality of the service. They completed regular audits

of care plans, care records and medicines records to help ensure documentation was completed accurately.

- The registered manager regularly observed staff's behaviour and working performance through observations at work. This helped them ensure that staff were performing to expectations.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had submitted these statutory notifications appropriately.

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

- People and relatives told us that the provider regularly sought their feedback about their care. This included visits, phone calls and feedback surveys. Comments included, "The registered manager does phone to check progress and satisfaction", and, "The registered manager has phoned for feedback and review and I've given him positive feedback."
- The registered manager shared feedback from people with staff through regular team meetings, memos and in supervision meetings. Team meetings were used to share positive feedback to reinforce good practice and share learning where improvements needed were identified.
- The registered manager utilised individual staff's professional background and skills to share good practice and knowledge with the wider staff team. This included staff with a background in social work and mental health services sharing their experiences in team meetings. This helped to give staff a perspective around some of the issues facing people who used the service.
- The registered manager facilitated an ongoing staff group chat using a telephone-based messaging service. This helped to ensure that any updates about people's needs could be shared effectively.

Continuous learning and improving care

- The registered manager worked with other local providers to share information and learning around local issues and strategies to promote best practice in care delivery. This had seen benefits in developing the provider's care planning format and the introduction of an electronic care planning system.
- The provider had employed an external care consultant to help them oversee the development of the service. They had helped to oversee improvements in auditing processes and quality monitoring tools.

Working in partnership with others

- The registered manager contacted professionals promptly to meet people's changing needs. This helped to ensure people received the right support and professional input to promote their safety, health and wellbeing.