



# Inspection Report on

**Focus Care Wales Ltd**

**FOCUS CARE WALES LTD  
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COLWYN BAY  
LL29 8NB**

## **Date of Publication**

**10 April 2019**

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## **Description of the service**

Focus Care Wales Ltd is a domiciliary support service and the office is located in Colwyn Bay. The service provides support to people with learning disabilities and physical disabilities living in Conwy.

The service is owned by Focus Care Wales Ltd and the responsible individual is Mike Picton. The manager is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found that people receive a good service from Focus Care Wales Ltd. People using the service and their relatives told us they were happy with the support provided by staff and were kept involved and included in their care. Personal plans were being followed by staff who offered support consistently and we observed interactions which were very positive and encouraging. Appropriate actions were taken to safeguard people from abuse however, we found that a review of specific individual risk assessments is needed for people to protect them from harm. There is good oversight of the service by the responsible individual and the manager and staff are committed, trained and supported to fulfil their roles and responsibilities to enhance people's quality of life.

### **2. Improvements**

Since the last inspection information about the Welsh language and contact details for Care Inspectorate Wales (CIW) have been included in the Statement of Purpose (SoP).

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include the following:

- Personal plans: to contain more detailed health information for staff.
- Documentation: recorded evidence of people's/ relatives involvement in their assessments, personal plans and reviews.
- Risk assessments: to ensure specific individual risk assessments are in place.
- Fire: to include more detail in Personal Emergency Evacuation Plan's (PEEP's).
- Recruitment: hold forms of identification on all staff files.
- Policies: produce a separate policy and procedure for the Admission and Commencement of Service.

# 1. Wellbeing

## Our findings

People have control over their day-to-day lives. Individuals and their relatives knew what to expect from the service and had been involved in assessments and contributed to their personal plans. A relative told us staff communicated well with their family member and always asked what they wanted to do that day. Another relative told us their family member *"would not make choices in the past"* and the *"teams worked really hard on choices using two options"*. They said the *"difference began immediately."* One person wrote entries in their communication book to inform staff or make requests. Staff spoke about how they advocated for people, where necessary, to ensure they had a good quality of life. People know and understand what care and support is available to them, they are listened to and contribute to decisions affecting their lives.

People are supported with their physical, mental health, emotional and social wellbeing. One person told us about their healthy eating, made a healthy option for their lunch and discussed the benefits of low fat food with their support staff and parent. They also told us about the exercise they were doing to keep fit. Advice and support was requested from health care professionals when needed. One person had been visited by an occupational therapist to provide adaptations to their furniture and equipment to assist with their mobility. Staff and parents told us about the progress a person had made who instead of using their wheelchair now walked with staff support. Staff were aware of people's health needs and how to support them; however, more detailed information about their health was needed in their personal plans. People are healthy and active.

People are protected from abuse and neglect. People and relatives were clear about how to raise concerns, felt confident they would be listened to and appropriate actions would be taken. The service user guide provided information about *"if you are unhappy and you want to complain?"* which included details of advocacy. We found that risks had been identified for people but we did not see there were always detailed risk assessments in place for staff to follow. People know how to raise concerns, are safeguarded from abuse, however a review of individual risk assessments is needed to protect them from unnecessary harm.

People are supported to develop their skills and independence. Staff and relatives spoke about the progress individuals had made to increase their independence, build their confidence and reach their goals. We spent time with people at an arts and crafts session. One person required minimal support from staff and enjoyed creating items to take home. The staff member told us the individual was very independent and we saw that this was respected. A parent and a member of staff told us about the progress a person had made with their independence and had also become more confident in social situations. Each person had a *"celebrating achievements"* form, which had been completed to acknowledge the progress they had made in line with their personal plans. This included relationships, mobility, activities and community presence. Staff told us they *"go the extra mile"* for the people they supported and relatives also said this. People can learn, develop and are able to do things that matter to them.

## 2. Care and Support

### Our findings

People are assessed and relevant information is gathered to consider if their needs can be appropriately met by the service. The responsible individual told us about the assessment process and the Statement of Purpose contained information about referrals and initial assessments called "*Getting Started*". We did not find that there was a separate Admissions and Commencement of Service policy and procedure in place, which needs to be addressed. Relatives we spoke with confirmed they had been asked for their views; had felt included and were kept informed about people's care and support needs. However, people and their relative's involvement in the assessment process should be recorded on documentation to evidence this. Additional assessments from Occupational Therapists or Speech and Language Therapists had been requested where a need was identified. People receive a service, which considers all other available information to confirm it is able to meet their needs.

People have personal plans in place, which set out how each individual's care and support needs will be met by staff. Individual wishes and preferences had been taken into account and information included people's likes and dislikes, personal histories and how best to communicate with them. Relatives told us they had contributed to personal plans but we did not see that their involvement had been recorded to evidence this. We observed staff providing support to people, in line with their personal plans and other associated documentation we had looked at. Health information was included in personal plans however; this needed to be more detailed. They referred to people having epilepsy but did not provide information about what type or what this meant for the person or for staff. For one person there was a buccal midazolam plan in place which was not referred to in the health section of their personal plan. We spoke with staff who were aware of people's health conditions and the support they required. Through discussions with staff and documentation we looked at, it was evident that personal plan information was being kept under review and updated. People have an accurate, up to date plan of how their care and support is to be provided which takes into account their personal preferences and is kept under review.

People are protected from abuse. There were policies and procedures in place for safeguarding, whistleblowing and complaints. Staff told us they were aware of these, had received safeguarding training and knew what to do if they had any concerns. They also said the coordinators, manager and responsible individual were approachable, would listen and took appropriate action. A relative told us about a concern they had raised which had been dealt with immediately. A record was kept of complaints and the outcomes, we did not see that a record was being kept of safeguarding referrals. We discussed this with the manager and appropriate actions had been taken but these should also be recorded. According to training records, the manager had attended safeguarding for managers training in January 2019. Generic health and safety risk assessments had been completed. Some specific individual risk assessments had also been completed but these did not always cover all the areas identified as risks in other documentation or through conversations, we had with staff. One staff member was unsure what to do and when we looked at the information for the person, it was not clear what support was needed to assist them in the evening or with their mobility. This was discussed with the coordinator, manager and responsible individual who will review this to ensure information is in place for staff to

be confident in providing support. One person's positive behaviour support plan was dated 2017. This should be reviewed to take into account other behaviours staff had spoken with us about. The coordinator said this would be addressed with the person's social worker and community nurse and a review for the person was due the following month. Generic Personal Emergency Evacuation Plans (PEEP's) were in place. These need to be reviewed to take into account any issues people may have with leaving their home and where they should congregate safely once outside. The provider has systems in place to safeguard vulnerable people from abuse; however, more specific and individual risk assessments are needed to protect them from unnecessary harm.

### **3. Environment**

#### **Our findings**

This theme is not applicable to domiciliary support services.

## 4. Leadership and Management

### Our findings

The provider has systems in place to monitor, review and improve the quality of care and support for people. There was a clear management structure in place; the responsible individual was supported by the manager and two coordinators. All the staff we spoke with felt well supported by the responsible individual, manager and coordinators. When asked what was good about the service, staff commented: *“always help if you need it”*, *“very supportive”*, *“they care for people and I am cared for”* and they *“genuinely want to deliver good support”*. We looked at minutes of senior management meetings attended by the responsible individual, which discussed actions from previous meetings, spot checks, Social Care Wales (SCW) registration for staff and audits of files. We discussed the Quality of Care review with the responsible individual and manager who told us they would be completing this following the inspection. The minutes of the managers meeting in January 2019 included a review of the questionnaires to be used to obtain feedback. The responsible individual ensures that policies and procedures are reviewed and updated as and when needed. Arrangements are in place for the responsible individual to have oversight of the service; however, the Quality of Care review needs to be completed.

People are supported by appropriate numbers of staff who have a range of skills and qualifications to meet their individual's needs. The Statement of Purpose included information as to the numbers of staff employed, their roles and qualifications. From rotas and discussions with people, relatives and staff we found that individuals benefitted from a being supported by a consistent staff team. Staff also said *“one person enjoys different staff”* and this was accommodated. Relatives told us staff were well matched to people taking into account and interests and preferences. The manager and the coordinators also carried out support work when needed, to provide cover. We were told that this did not impact on their ability to fulfil their management roles and enabled them to work with staff and continue to maintain good relationships with people and their relatives. Staff told us they received supervision in their roles and records we looked at confirmed this.

Staff spoke positively about their experiences of induction and training and how this helped them to learn and retain information. The responsible individual provides in house training which staff said was beneficial as it took into account the people they supported and any issues or concerns could be discussed. Staff also completed on line training and we saw certificates which showed staff had completed first aid, food hygiene, health and safety, manual handling, safeguarding vulnerable adults and diversity and equality. Other certificates included person centred care, communicating effectively, epilepsy awareness, diabetes awareness and autism training. Staff told us the team had to be trained in dysphasia to support one person. A future goal identified for one person was to develop their communication. The coordinator told us that all staff supporting them were booked on communication training, which staff said told us they were keen to attend. On the day we visited two team meetings were being held. We attended one of the staff team meetings, where information was passed on to staff, discussions were held, there was a food hygiene quiz and a practical activity for handwashing. The manager also discussed registration for staff with Social Care Wales and after completing training in March 2019 they would be able to assist them to go through the process. Comments from staff included: *“really good with training”*, *“lots of in house training and “keeps you interested”*. Staff also commented on an

*“indepth induction” which “covered all sorts of areas, questions, scenarios”. People are supported by staff who have different levels of knowledge, skills and qualifications.*

People are supported by staff who have been through recruitment checks. We looked at staff files and found information had been obtained for staff including references and Disclosure and Barring Service (DBS) checks. However, we did not see forms of identification in their files in the identification section. We discussed this with the responsible individual who told us these had been previously available but an error had been made regarding keeping confidential information. We were assured that immediate action would be taken to address this. We spoke about the recruitment process with the responsible individual and staff told us about the interview process which included being asked a series of scenario questions. Relatives and staff spoke about how new members of staff were introduced to people by more experienced staff who they trusted. Staff completed a period of shadowing, working alongside experienced staff until they felt confident to provide the support. When asked what could be improved about the service staff told us they did not have contracts of employment unless these had been specifically requested. We discussed this with the responsible individual who told us this was being addressed. Staff files we looked were seen to contain contracts of employment. People are supported by staff who are suitably fit to provide care and support for them, however all staff should be offered a choice of contractual agreement.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- The service should ensure that personal plans include more detail in the health section regarding conditions.
- The service should ensure that records provide evidence of people/ relatives involvement in their care and support.
- The service should review individual risk assessments to ensure these are in place for staff to follow to keep people safe.
- The service should ensure that there is sufficient detail in each individuals Personal Emergency Evacuation Plan's (PEEP's) for staff to follow in the event of a fire.
- The service should ensure that all staff files contain identification.
- The service must have a separate policy in place for the Admission and Commencement of Service.

## 6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an announced visit to the service on the 12 February between 9:50 a.m. to 17:45 p.m. We also visited on the 25 February between 9:50 a.m. and 17:20 p.m. The following methods were used:

- We visited three people receiving a service.
- We met with four relatives.
- We attended a team meeting and spoke with twelve support staff.
- We also held discussions with the responsible individual, manager and two coordinators.
- We looked at a wide range of records. We focused on assessments and admission documentation, four personal plans, four staff files, training and supervisions records. We examined the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Domiciliary Support Service</b>
<b>Service Provider</b>	<b>Focus Care Wales Limited</b>
<b>Manager</b>	Shelagh Woodbridge
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>21 November 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>12/02/2019 &amp; 25/2/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards this.</b>
<b>Additional Information:</b>	